

# ANNUAL 2012 REPORT

Kansas Department of Health and Environment



# Dear Kansans

During 2012, the state of public health in Kansas was defined by many activities. There was a focus on strengthening the partnerships within the public health system as a result of the efforts to evaluate the way local and state governments deliver services. There was a renewed interest and increased level of awareness about obesity and its risk factors to the health of Kansans. There was a broad range of opportunities taken to conduct Medicaid education and outreach. Finally, there was a focus on how we assist in growing the Kansas economy and how efforts to grow the economy impact people and the environment.



To be good stewards of resources, the Department of Health and Environment leadership and staff identified areas where we could gain value and achieve efficiencies through internal restructuring and streamlining as well as partnering with external entities to realize similar goals. Those accomplishments are described throughout this *2012 Annual Report*, but allow me to note here the launch of our Healthy Kansans 2020 process—a strategic planning effort aimed at identifying and adopting health priorities for our state. These health and environmental priorities will help us develop our State Health Improvement Plan and guide many activities and measurements over the next several years.

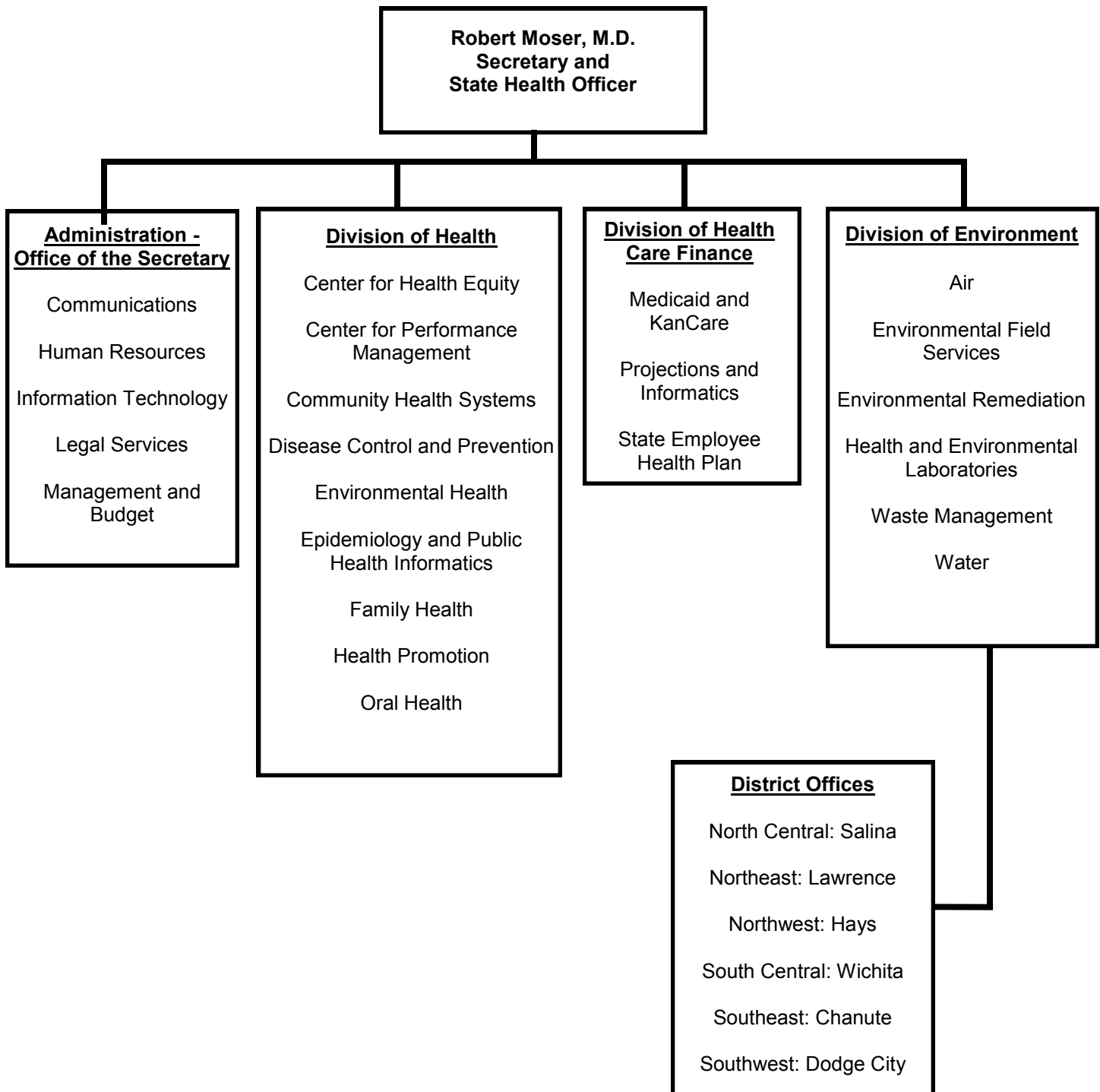
Healthy Kansans 2020 is a collaborative effort among government agencies and external partners, and the planning process convened in August 2012 with the first meeting of the Steering Committee and our 12 ‘health focus area’ expert groups. These participants worked to identify common goals and objectives to guide measurable improvements in the health and well-being of Kansans. This process to achieve specific objectives by year 2020 is based on the national health promotion and disease prevention agenda called Healthy People 2020. In Kansas, we’re establishing state-specific measures and initiatives, and the 2020 strategies are being reviewed and finalized now, so look for the announcement in early 2013.

As the state’s public health agency, KDHE is responsible for many programs essential in improving population health, and each of our three divisions is singularly and collectively working toward the same end—to protect and improve the health and environment of all Kansans. Year 2012 was the first full year of implementing the agency’s three-year strategic plan, and each of the work groups’ activities centered on standardizing internal processes to better serve Kansans. For instance, one of the strategic planning work groups focused on developing a data inventory collection tool, while another work group examined and updated the process of policy development. Our summary document of fiscal year 2012 implementation activities has been posted to the KDHE website on the Office of the Secretary web page. A cross-cutting priority of KDHE’s strategic plan is to expand and strengthen key partnerships around the state, which is necessary in achieving the goals set in Governor Brownback’s Road Map for Kansas.

Thank you for taking the time to read our 2012 Annual Report and the many program accomplishments. We’re committed to providing excellent customer service to our fellow citizens and hope that you’ll reach out to us whenever we can assist you.

Sincerely,  
*Robert Moser, M.D.*  
*Secretary and State Health Officer*  
*Kansas Department of Health and Environment*

# KDHE Organizational Chart



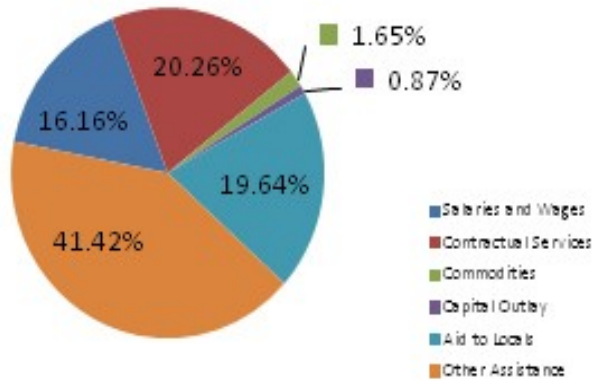
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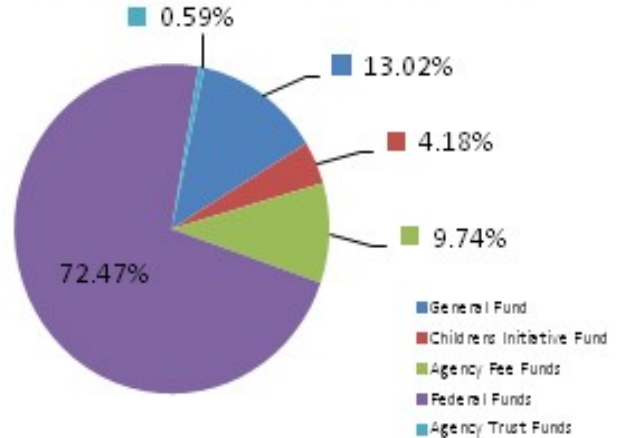


# Fiscal Year 2012 Expenditures

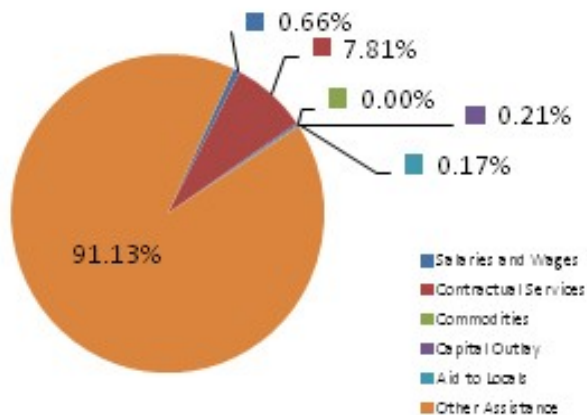
**Expenditures by Type**  
Public Health and Administration: \$175,589,441 Total



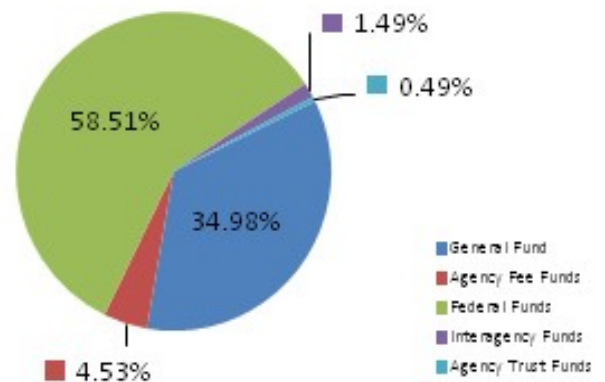
**Funding Source**  
Public Health and Administration: \$175,589,441 Total



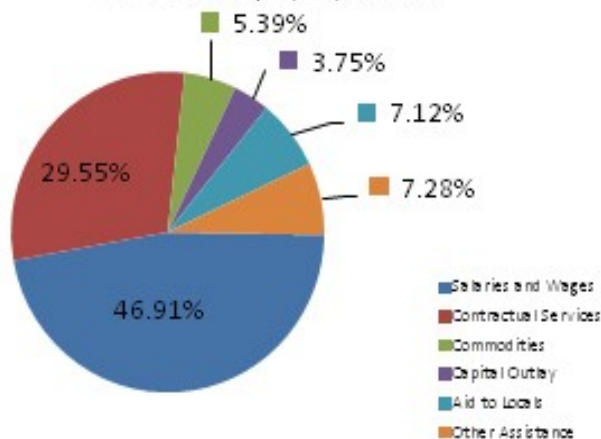
**Expenditures by Type**  
Health Care Finance: \$1,694,818,332 Total



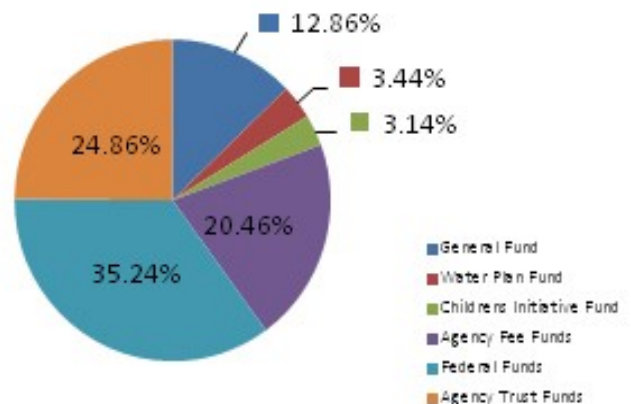
**Funding Source**  
Health Care Finance: \$1,694,818,332 Total



**Expenditures by Type**  
Environment: \$59,382,482 Total



**Funding Source**  
Environment: \$59,382,482 Total



# 2012 Legislative Summary

During the 2012 Legislative Session, the agency focused on several impactful health and environmental initiatives, with a majority of the testimony and meetings centered on KanCare. Between 2011 and 2012, KanCare was the plan for reforming Medicaid in Kansas. The new program launched on Jan. 1, 2013, after KDHE received approval from the Centers for Medicare and Medicaid Services on the state's request for a Section 1115 waiver. KDHE's 2012 legislative activity also included: an amendment to the Kansas Storage Tank Act, electronic cigarettes, amendments to laws concerning maternity center and child care facility licensure, speech pathologist and audiologist licensure, land-spreading of oil and gas production waste, and funding for the Kansas newborn screening program.

A few bills and resolutions that did not pass the Legislature are worth mentioning here:

The Tobacco Harm Reduction Resolution, **HR 2606**, would have formally asked KDHE to study whether chewing tobacco is a safer alternative to smoking cigarettes.

**HB 2690** would have widened the Clean Indoor Air Act exemption to include private businesses only serving those 21 years of age or older.

**HB 2094** sought to amend current legislation that offers religious and medical exemptions to also offer an exemption to receiving vaccinations required for children in schools and child care settings based solely on personal belief.

## Major pieces of legislation supported by KDHE in 2012:

### Kansas Storage Tank Act; SB 406

Senate Bill 406 amends the Kansas Storage Tank Act to provide a reimbursement fund to assist property owners where abandoned underground storage tanks (USTs) are present. The bill defines several terms, including the "Underground Storage Tank Redevelopment Fund," "abandoned underground storage tank," and "property owner." A "property owner" is defined as a person who owns real property on which an abandoned UST is located. Specifically, the bill provides an opportunity for property owners to be eligible for reimbursement for expenses associated with the removal of abandoned USTs. The bill extends the sunset for the underground and above ground reimbursement funds from July 1, 2014, to July 1, 2024.

Visit this page for details on the new requirements:

[http://www.kslegislature.org/li\\_2012/b2011\\_12/measures/sb406/](http://www.kslegislature.org/li_2012/b2011_12/measures/sb406/)

### Electronic Cigarettes; HB 2324

House Bill 2324 creates new crimes concerning minors and electronic cigarettes, which the bill defines. Specifically, it is unlawful to sell, furnish, or distribute electronic cigarettes to any person under 18 years of age and, with some exceptions, to sell electronic cigarettes by means of vending machine in any establishment open to minors or a self-service display in any establishment. It also requires a retail dealer to add "electronic cigarettes" to the sign explaining cigarettes and tobacco products cannot be sold to minors. Further, it is unlawful for any person under 18 to purchase, attempt to purchase, possess, or attempt to possess electronic cigarettes. Finally, the bill adds the term "electronic cigarettes" to the Tobacco Products Act where necessary to allow the Division of Alcoholic Beverage Control to enforce the provisions governing electronic cigarettes.

Visit this page for details on the new requirements:

[http://www.kslegislature.org/li\\_2012/b2011\\_12/measures/hb2324/](http://www.kslegislature.org/li_2012/b2011_12/measures/hb2324/)

### **Licensure of Maternity Centers and Child Care Facilities; HB 2660**

House Bill 2660 amends laws concerning maternity center and child care facility licensure, including the 2010 amendments referred to as "Lexie's Law," by allowing for modification or limitation of licensure, requiring an expiration sticker on a day care facility license, and requiring persons maintaining a day care facility to be high school graduates or the equivalent with provisions allowing the Secretary of Health and Environment to exercise discretion to exempt certain individuals from the requirement. The bill also repeals a statute (KSA 65-502) containing the definition of a "maternity center" and relocates the definition in another statute regulating child care facilities.

Visit this page for details on the new requirements: [http://www.kslegislature.org/li\\_2012/b2011\\_12/measures/hb2660/](http://www.kslegislature.org/li_2012/b2011_12/measures/hb2660/)

### **Speech Pathologist and Audiologist Licensure; Sub. for HB 2659**

Substitute for House Bill 2659 moves the licensing and regulation of speech-language pathologists and audiologists from KDHE to the Kansas Department on Aging (now named Kansas Department for Aging and Disability Services) and extends the number of successive terms a Speech-Language Pathology and Audiology Board member will be allowed to serve. The existing Speech-Language Pathology and Audiology Board will serve in an advisory role to the Secretary of Aging.

Visit this page for details on the legislation:

[http://www.kslegislature.org/li\\_2012/b2011\\_12/measures/hb2659/](http://www.kslegislature.org/li_2012/b2011_12/measures/hb2659/)

### **Land-spreading of Oil and Gas Production Waste; Holding Money in Trust for Counties from the Oil and Gas Valuation Depletion Trust Fund; Senate Sub. for HB 2597**

The bill allows the Secretary of Health and Environment to authorize persons to carry out activities without a solid waste permit, which includes allowing the disposal through land-spreading of solid waste generated by drilling oil and gas wells. The land-spreading is to be done in accordance with best management practices and maximum loading rates developed by the Secretary. For areas that receive more than 25 inches of precipitation annually, solid waste disposed of through land-spreading is required to be incorporated into the soil. Additionally, no land-spreading is to be allowed to occur on any area where the water table is less than ten feet below the surface, or on an area where there is documented groundwater contamination, as determined by KDHE. For each land-spreading location, an application is to be filed with KDHE and contain the location, soil characteristics, waste characteristics, waste volumes, drilling mud additives, and land-spreading method to be used on the land. A fee of \$250 will be assessed for each application. A land-spreading application will not be approved for the same location unless a minimum of three years has passed since the previous land-spreading occurred on that location. In addition, a post-land-spreading report will need to be filed once the land-spreading has been completed.

Visit this page for additional details on the legislation:

[http://www.kslegislature.org/li\\_2012/b2011\\_12/measures/hb2597/](http://www.kslegislature.org/li_2012/b2011_12/measures/hb2597/)

### **Kansas Newborn Screening Fund; SB 14**

Senate Bill 14 amends a statute governing the Newborn Screening Program and certain newborn screening tests to establish a new fund and funding mechanism for the Program. Specifically, the bill establishes the Kansas Newborn Screening Fund in KDHE and creates a mechanism for depositing a portion of the privilege fees received by the State from Health Maintenance Organizations into the new Fund. All expenditures from the Fund must be used for the Program. In retrospect, the Newborn Screening Fund was particularly prophetic considering that the financial resources from the Children's Initiatives Fund (the Master Settlement Agreement) have steeply declined.

Visit this page for more details on the new fund:

[http://www.kslegislature.org/li\\_2012/b2011\\_12/measures/sb14/](http://www.kslegislature.org/li_2012/b2011_12/measures/sb14/)

## KanCare Readiness Activities

As a continuation of Kansas' Medicaid reform efforts, in 2012, the Kansas Department of Health and Environment and the Kansas Department for Aging and Disability Services finalized the KanCare demonstration project and collaborated with external partners to achieve system readiness. This work came on the heels of a series of Medicaid public forums in 2011, which fostered an environment of collaboration in finding solutions that would sustain this health care program for the 380,000 Kansans who rely on this system for essential services. On Jan. 26, 2012, KDHE submitted a concept paper to the Centers for Medicare and Medicaid Services in the first formal step to requesting a Section 1115 waiver that would allow Kansas to move forward with implementing proposed changes to the Medicaid system. The goal with KanCare is to improve the health outcomes of Kansans while bending the cost curve of Medicaid down over time; this is to be accomplished without cutting services, decreasing eligibility or reducing provider reimbursement.

In early 2012, KDHE and KDADS began reviewing the technical and financial proposals submitted by the five companies vying to coordinate care for KanCare beneficiaries. After the extensive bidding and review process, on June 27, the State signed KanCare contracts with three companies: Amerigroup Kansas, Inc., Sunflower State Health Plan, and UnitedHealthcare Community Plan of Kansas. These companies joined the KanCare planning process and the State's already active consumer and provider education schedule. These KanCare education meetings were held throughout 2012 in each state congressional district, with some districts hosting KanCare meetings in several cities depending on the population and geography of stakeholders. Overall, educational meetings took place in more than 20 Kansas cities in 2012, with several cities playing host during more than one tour. More than 3,600 Kansans participated in these meetings.

The Section 1115 concept paper was followed by a demonstration application submitted to CMS on April 26, with a revised application submitted August 6. Public comments were accepted by the State of Kansas and by CMS before details were finalized in the Section 1115 waiver; the Kansas stakeholder input period included public meetings in Wichita and Topeka as well as written comments submitted via email and standard mail. CMS notified the State in early December that KanCare was ready to go live on Jan. 1, 2013. Special terms and conditions were approved on Dec. 28, 2012.

In addition to leading the 30-plus public education meetings and the 20-plus internal implementation teams, KDHE and KDADS jointly facilitated the discussion and input from external stakeholder workgroups with these four focus areas—Providers, Managed Care Organizations, Member Involvement and Protections, and Specialized Healthcare and Network Issues. These workgroup meetings resulted in valuable, detailed feedback being presented to the KanCare steering committee for necessary action. Additionally, the State provided updates on KanCare readiness activities during a weekly “status call” open to the public as well as through reports made available on the KanCare website, [www.kancare.ks.gov](http://www.kancare.ks.gov). Those weekly status calls turned into “daily rapid response calls” in mid December in an effort to immediately address issues leading to and following the Jan. 1 go-live date.

In addition to public meetings and a dedicated website, KanCare outreach also included the development and dissemination of KanCare public service announcements that were created in-house and the acquisition of a \$50,000 grant from REACH Healthcare Foundation, plus \$66,000 in federal match, to fund radio spots, post-cards and other ads targeting KanCare consumers.





# Air Construction Permitting for Oil & Gas Industry

Oil and gas exploration in the Mississippian Lime Play (MLP) has generated more than just energy resources during the current drilling boom in south central Kansas. For the Kansas Department of Health and Environment's Bureau of Air (BOA), the increase in drilling activity in 2012 resulted in 400 more permit applications processed compared to previous years. The MLP is a porous limestone formation containing natural gas and oil found in northern Oklahoma and southern and western Kansas. Decades ago the region was considered tapped out by vertical drilling, but recent advances in horizontal drilling techniques and hydraulic fracturing (or "fracking") have significantly revived the oil and gas activity. As a result, the workload in the BOA Permitting Section essentially doubled during 2012.

Prior to this boom, BOA did not issue air construction permits to oil and gas production sites which utilized vertical wells. Emissions were lower than air permit thresholds and there were no federal air regulations for these sites. Larger quantities of oil and gas are generated at sites which utilize horizontal drilling and fracking, and the air emissions at these sites are above air permitting thresholds.

In 2012, the BOA issued 230 construction permits and 62 permit modifications for oil and gas production facilities. In 2011, only 38 construction permits and 10 permit modifications were issued for these facilities. All construction permit documents processed by KDHE totaled 932 in 2012, compared to 588 processed in 2011 and 517 processed in 2010.

With the large increase in the number of applications received from this industry, the amount of staff needed to standardize and process the applications in a timely manner also needed to increase; however, before new personnel could be hired, BOA was innovative in accomplishing the tasks with the current staff and overcame these challenges. To issue these permits timely, BOA completed new oil and gas permit templates, delayed the issuance and renewals of operating permits, and received temporary assistance from other BOA staff.

BOA started developing the permit document template prior to the uptick in this particular type of application to streamline the processing of applications for oil and gas drilling. In late 2011, when the BOA began receiving applications from oil and gas production sites, assistance was received from the Compliance and Enforcement Section to ensure the templates contained the necessary permitting and compliance requirements.

In 2012, even with the new template, the current permitting staff could not process the large number of applications in a timely manner. Issuance of air operating permits and renewals had to be put on hold. An air operating permit will remain effective until it is renewed, even if it is after the permit expiration date (if the renewal application is submitted timely). The BOA's Monitoring and Planning Section also put some work on hold and temporarily loaned four staff to write permits. Efforts of all BOA staff assisting the Permitting Section were invaluable.

Realizing this boom in oil and gas drilling represented new jobs and growth in the Kansas economy, KDHE ensured that air construction permits meeting the applicable state and federal laws were issued timely. When new regulations directly related to the production of oil and gas were issued by the U.S. Environmental Protection Agency in 2012, BOA staff quickly became experts on the new permit and enforcement requirements, and included these requirements into the permits.

At the end of 2012, with much of the new and expanded work underway, the Permitting Section received approval to hire three new staff in anticipation that work in the Mississippian Lime Play will not slow down and to address the air operating permit backlog. Oil and gas producers have confirmed to staff that the 2013 application rate will continue at the same pace or increase.

## EpiTrax & BioSense

**K**DHE continues to serve as the state designee for health information technology, and while the overarching goal of the agency is to protect and improve the health and environment of all Kansas, the same can be said for health IT. HIT allows for the sharing of data to coordinate patient care and support public entities in improving population health through the use of electronic health records (EHRs). Kansas has two approved Health Information Organizations (HIO)—Kansas Health Information Network (KHIN) and Lewis and Clark Information Exchange (LACIE). More than 200 providers and a dozen hospitals in Kansas share data through KHIN, while LACIE continues developing its network of providers in the Kansas City area and presently has approximately 10 health facilities. The two HIOs will communicate with each other electronically to make up border-to-border coverage for sharing patient information.

Many organizations in Kansas—both internal to KDHE and externally—shared some significant accomplishments in health IT in 2012.

*EpiTrax* is one of those accomplishments. In spring 2012, KDHE implemented an improved, innovative web-based information system used to protect public health through tracking infectious diseases and health conditions in Kansas. In partnership with local health departments, laboratories, healthcare providers, school nurses, and other partners, the team of epidemiologists and investigators at KDHE monitor a wide variety of infectious diseases such as whooping cough, measles, tuberculosis, foodborne illnesses caused by *Salmonella*, harmful strains of *E. coli*, *Campylobacter*, and other diseases that pose risks to the public. The chief offices at KDHE for investigating disease outbreaks are the Bureau of Epidemiology and Public Health Informatics (BEPHI) and the Bureau of Disease Control and Prevention (BDPC). BEPHI coordinated with BDPC and other public health partners to get *EpiTrax* launched and operational in Kansas.

*EpiTrax* is used by KDHE and local health departments for reporting, investigating, and managing reportable diseases and conditions. Analysis and summarization features in *EpiTrax* can prove to be especially beneficial during outbreaks where up-to-the minute information is needed about disease progression. Through this new health IT system, the state's ability to monitor the occurrence of infectious diseases and manage and track the progression of outbreaks will be more effective and will help to prevent the spread and severity of infectious diseases and related conditions. *EpiTrax* also offers a broad array of features and tools that will help to monitor and improve the efficiency and performance of KDHE and local health departments.

*BioSense* is another health IT system that public health officials launched here in 2012. *BioSense* is a public health system that tracks hospital emergency department visits from multiple sources to enable public health professionals to monitor a broad array of potential public health threats. The *BioSense* system is coordinated by the Centers for Disease Control and Prevention (CDC) and was re-designed in late 2011 to greatly improve the information provided and to promote standardization and collaboration across states. Working with the Kansas Health Information Network (KHIN), Kansas took a unique approach in implementation and was the first state in the U.S. to connect to *BioSense* via a HIO. The utilization of connecting to an HIO to submit data from participating hospitals to *BioSense* in Kansas takes advantage of existing networks. This approach is more efficient and will enable us to begin monitoring patient health in the aggregate to further improve outcomes in our state.

In Kansas, access to emergency department data in real-time means that KDHE can more rapidly access and analyze data on emerging health issues, especially those incidents like weather-related illnesses that are not required to be reported by outpatient care providers.

# Division of Health

**T**he Division of Health exists to protect and improve the health of every Kansan. It does this in most cases not by dealing directly with individuals, but with populations. While practitioners of clinical medicine focus their attention on the health of individual patients, the public health professionals working in the Division of Health focus their attention more on the health of society.

Along with the other two divisions in KDHE, the Division of Health seeks to strengthen the state's overall public health system so conditions that support optimal health can be maintained and enhanced in every community in the state.

## **July 1, 2012 Reorganization**

Some organizational changes occurred in the Division during 2012. Under Executive Order 41, the Health Occupations Credentialing (HOC) Program moved from KDHE's Bureau of Child Care and Health Facilities (BCCHF) to the newly created Kansas Department for Aging and Disability Services (KDADS). ERO 41 gave KDHE an opportunity look at whether the remaining regulatory services within BCCHF could be paired with like services in other bureaus. With the reassignment of the HOC Program to KDADS, the BCCHF merged its remaining programs with two other bureaus in the agency: the Health Facilities Program joined the Bureau of Community Health Systems, while the Child Care and Foster Care Programs joined the Bureau of Family Health.

## **Division of Health is responsible for:**

Assisting Kansas communities in establishing systems to provide public health, primary care and prevention services.

Licensing and regulating a variety of day cares, preschools, foster homes, residential centers, hospitals and treatment facilities.

Investigating disease outbreaks and helping to prevent the spread of disease by promoting healthy behaviors and immunizations.

Educating the public about chronic diseases and injury prevention.

Addressing the special needs of children through infant screening programs, nutrition programs and services for children with special health needs.

Managing the civil registration system for the state by collecting and processing records on births, deaths, marriages and divorces and providing reliable statistics to policymakers, program managers and the public.

Protecting the public from such hazards as lead, asbestos and radiation.

Providing leadership to mitigate, prepare for, respond to and recover from disasters, infectious disease outbreaks, terrorism and mass casualty emergencies.

Managing the civil registration system for the state by collecting and processing records on births, deaths, marriages and divorces, and providing reliable statistics to policymakers, program managers and the public.

## Bureau of Health Promotion

**T**hrough partnership with the people of Kansas, the Bureau of Health Promotion promotes healthy behaviors, policies and environmental changes that improve the quality of life and prevent chronic disease, injury and premature death for all.

The Bureau of Health Promotion is responsible for the core public health functions related to reducing the preventable burden of chronic diseases, which accounts for 75 percent of all health care expenditures in the state, and injuries, which represent the leading cause of death for Kansans age 1 to 44. Bureau program activities are supported by state, federal and private grant funds, which are obtained through competitive processes and through collaboration with partner organizations to leverage funds from existing resources.

### **Healthy Kansans 2020: Working Together, Working Smarter**

The Bureau leads the **Healthy Kansans 2020** state health planning process to identify priority actions for improving the health status of Kansans. The process is designed to identify and address objectives from Healthy People 2020 pertinent to Kansas and to support the agency's preparation for public health accreditation. This is a highly participatory strategic planning process emphasizing multi-sector collaboration to address selected priorities. The steering committee began meeting in 2012, with recommendations expected early in 2013.

**Health System Interventions** aide in the effective delivery and use of quality clinical and preventive services to prevent chronic diseases, detect chronic diseases early and better manage risk factors. Bureau programs that support health system interventions to address chronic diseases include Heart Disease and Stroke Prevention (HDSPP), Diabetes Prevention and Control (DPCP), Early Detection Works (EDW) breast and cervical cancer screening, the Kansas Cancer Registry and the KanQuit Tobacco Quitline. Health system and quality improvement changes advance a more coordinated and comprehensive approach to chronic disease prevention and control. Examples are electronic health records, systems to prompt clinicians and deliver feedback on performance, and requirements for reporting on outcomes which contribute to or exacerbate chronic diseases. **2012 Health Systems Interventions Accomplishments:** The Chronic Disease Quality of Care (QOC) project, a system for improving quality of care indicators for diabetes, hypertension, hyperlipidemia and other chronic diseases, supported 60 health care organizations across Kansas. Participating organizations reported a number of improvements, including lowering aggregate HbA1c and cholesterol levels across their practices, increases in average patient visits and increases in the number of patients meeting self-management goals.

The Heart and Stroke Alliance of Kansas (HSAK) finalized a new state action plan to bolster current efforts to prevent heart disease and stroke in Kansas. While the plan has a strong focus on reducing the burden associated with heart disease and stroke, the objectives and actions outlined in the plan have broad reach to address many of the shared risk factors for chronic disease. Leaders from the state heart disease and stroke and diabetes coalitions drafted a collaborative plan to formally coordinate their efforts to address chronic disease. The first joint statewide meeting of the two coalitions was held summer 2012.

The Virtual Lifestyle Management (VLM) program was piloted in three rural health clinics to assist adult overweight patients learn and adopt healthy behaviors. This web-based program engages patients through



the use of behavioral tools such as e-mail prompts for online self-monitoring of diet, physical activity and weight, and sends automated weekly progress reports to keep patients motivated. Physician referral and as-needed communication with lifestyle coaches integrate the intervention with clinical care. Of the 68 Kansas patients tracking weight in the VLM pilot project, 40 lost an average of 10 pounds.

The Kansas Cancer Registry once again received a Gold Standard rating for completeness of data. The efforts of the registry, together with the cooperation of laboratories, hospitals and other reporting facilities, means that Kansans are informed about the incidence of cancer in the state and can be assured that the data collected is complete, accurate and confidential. The Gold Standard award is presented by the North American Association of Central Cancer Registries. The Kansas Cancer Registry is administered through a contract with the University of Kansas.

Early Detection Works (EDW) breast and cervical cancer screening program supported screenings for 20,197 Kansas women, detecting 192 cases of breast cancer. EDW met all CDC core indicators for timeliness of diagnostic services, which means Kansas women who rely on EDW for screening can be assured timely services from screening through diagnostics to treatment. The program was recognized at the national level as a model for how to deliver quality services while maintaining data completeness.

The Kansas Tobacco Quitline provides free telephone and web-based cessation counseling to adult Kansas residents. Between January and October of 2012, the Quitline had 2,379 registrations by tobacco users. Studies show that telephone quitlines increase the chance of successful cessation. A recent study completed by Alere Wellbeing showed that at seven months post registration, 29 percent of Kansas Tobacco Quitline registrants reported being tobacco-free for the past month.

**Community-Clinical Linkages** help ensure that Kansans with or at high risk of developing a chronic disease have access to community resources and support to prevent, delay or better manage these conditions once they occur. Bureau programs supporting community-clinical linkages include Comprehensive Cancer Control and Prevention (CCCP), Arthritis, and Worksite Wellness. **2012 Community-Clinical Linkages**

**Accomplishments:** More than 175 leaders were trained in 58 counties in Kansas to facilitate the evidence-based Chronic Disease Self-Management Program – Kansans Optimizing Health Program (KOHP). Additionally, partnerships were developed to facilitate promotion and adoption of Walk with Ease, an evidence-based program to reduce arthritis-related disability offered in individual and group formats. To date, more than 1,100 Kansans have participated in the program.

The WorkWell Kansas Project reached approximately 15,389 employees and an additional 11,258 dependants covered by employer-sponsored health insurance plans in 55 worksites. This partner-driven initiative provides leadership and resources for businesses and organizations to support worksite health. In 2012, local community worksite wellness champions were identified and trained on employer engagement strategies to complete the worksite wellness assessment tool. Results of this assessment will assist employers in developing a comprehensive worksite wellness plan.

The Comprehensive Cancer Control and Prevention Program launched five Cancer Action Teams (CATs) to focus activities on five priority areas of the recently released state cancer plan. The priorities include: reduce tobacco use, increase colorectal cancer screenings, increase access to palliative care services, improve cancer survivors' quality of life through physical and mental health, and increase use of survivor care plans.

**Community Health Promotion** works to improve social and physical environments to make healthy behaviors easier and more convenient for Kansans. A healthier Kansas delivers healthier students to our schools, healthier workers to our businesses and employers, and a healthier population to the health care

system. Bureau programs supporting community health promotion include Tobacco Use Prevention (TUPP), Healthy Kansas Schools, and Physical Activity and Nutrition (PAN). These programs assist state and local stakeholders plan for and implement interventions to support and reinforce healthy choices and behaviors making it easier for Kansans to take charge of their health. These interventions have broad reach, sustained health impact and are best buys for improving population health. **2012 Community Health Promotion Accomplishments:** The Chronic Disease Risk Reduction (CDRR) community grant program provided funding and technical assistance to 49 counties, representing 83 percent of the state's population. The program provides assistance to grantees to reduce chronic disease risk through implementation of community health assessments and other proven strategies that impact tobacco use, physical activity and nutrition. The data and information that grantees are required to collect through CDRR have increased their capacity to address health issues critical to their residents, establish and maintain local partnerships and secure additional funds.

In 2012, TUPP launched the youth-targeted cessation and prevention website *KanQuit.org*. KanQuit.org is a simple online environment that offers relevant facts about tobacco use to any Kansas youth seeking information about quitting tobacco use. KanQuit.org links users directly to free online cessation services managed by KDHE. The Surgeon General has concluded that prevention efforts must focus on adolescents and young adults. Nearly all (99 percent) initial cigarette smoking happens before age 26, and 88 percent by age 18. Similar to the telephone Quitline for adults, KanQuit.org serves as the face of youth tobacco prevention and cessation in Kansas. Since its launch, the website has received 17,187 unique visitors and has been viewed 47,511 times.

The Kansas Healthy Schools program leveraged private funding to provide support for systematic collection of fitness indicators for Kansas children that can be correlated with academic progress and student absenteeism. Additional funds were secured to provide training for a select group of Kansas teachers to become Certified Directors of Physical Activity. The goal is to ensure that every school delivers a comprehensive school physical activity program with quality physical education as the foundation. This comprehensive approach contributes to youth developing the knowledge, skills and confidence to be physically active for a lifetime.

Of the 5,554 Kansas seniors eligible to participate in the Senior Farmers' Market Nutrition Program in 2012, more than 4,500 (82 percent) redeemed vouchers. This is up from 76 percent of eligible seniors who redeemed vouchers in 2011. In the past year, the program expanded to 30 counties and the Potawatomi Reservation. The goal of the Senior Farmers' Market Nutrition program is to increase access to Kansas-grown fresh fruits, vegetables, herbs and honey to low income seniors.

On Sept. 6, 2012, around 200 state and local business leaders gathered in Topeka for the Kansas Summit on Obesity hosted by the Governor's Council on Fitness (GCOF). The Summit contributed to the formation of two state task forces: The Nutrition task force recently began work to assess the state government work environment to ensure state cafeterias and vending machines provide healthy food options for employees and visitors. The Physical Activity taskforce is developing a project to work with county leaders to identify physical activity Champions responsible for coordinating and promoting local activities which encourage residents to be more physically active.

**Injury Prevention** programs focus on those events resulting in injury and/or death from injury that could be prevented if evidence-based public health strategies, practices and policies were implemented. Bureau programs supporting injury prevention include Safe Kids Kansas, Sexual Violence Prevention Education, and Emergency Medical Services for Children. Staff are committed to working with state and local partners to promote and monitor actions that reduce injuries, violence and disabilities. While injuries are the leading

cause of death for younger Kansans (ages 1-44), injury prevention efforts are critical across the lifespan.

**2012 Injury Prevention Accomplishments:** Program partners conducted 3,053 child safety seat checks at 227 local events across Kansas. There were 1,280 child safety seats distributed in 2012. Since 2002, 30,000 child safety seats and booster seats have been distributed to low-income families. Twelve safety seats for children with special health care needs were distributed in 2012. The Cycle Smart program distributed 8,452 bike helmets, bringing the total number of helmets distributed since 1993 to more than 135,000. Coalitions installed 763 smoke alarms and 631 carbon monoxide detectors in communities across Kansas in 2012.

The Sexual Violence Prevention and Education program partnered with 19 schools across Kansas to implement the Committee for Children's Steps to Respect (STR) program, an evidence-based, comprehensive bullying prevention program. STR addresses bullying from a social ecological perspective by delivering a classroom based curriculum designed for children ages eight through 12 years.

**Population Health Data Collection and Analysis** involves a sophisticated system providing critical information in understanding the burden of disease. Staff use this system to inform, prioritize, deliver and monitor programs implemented to address these issues. The bureau's Health Risk Studies program supports population health data collection, analysis and dissemination. This program coordinates collection of integrated information on disease, risk behavior and health through implementation of multiple systems such as the Behavioral Risk Factor Surveillance System (BRFSS), the Youth Tobacco Survey (YTS) and other specialized surveys. BRFSS provided 2011 state-level estimates of health risk behaviors obtained from combined landline and cell phone surveys. Data were made readily available electronically through the BRFSS website and information on updated survey methodology was provided to state and local partners.

## Bureau of Health Promotion

### Contact Information

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Website:

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## Bureau of Community Health Systems

**T**he Bureau of Community Health Systems helps Kansas communities to provide ongoing public health, primary care, and prevention services, and to protect and promote public health through the licensing and surveying of health care facilities in Kansas. A comprehensive approach employing policy development and resource coordination is used to fulfill this mission. Cooperation with local health departments, community-based primary care clinics, hospitals and other partner organizations is essential.

This comprehensive approach involves efforts to meet five goals:

1. Kansas achieves the highest standards of health through delivery models that focus on core public health functions and philosophy.
2. Public policy for health care is consumer and community driven.
3. Kansas communities succeed in the health care marketplace through consumer-oriented, integrated systems of care.
4. State, regional, and local public health and medical preparedness, response, and recovery leadership and capabilities are strengthened.
5. Medical care facility patients and health care recipients receive the highest level of care and services practical in accordance with state and federal regulations through state licensing and federal certification survey processes and complaint investigations.

The Bureau of Community Health Systems is composed of seven sections: Health Facilities, Local Public Health, Preparedness, Primary Care, Rural Health, Special Population Health and Trauma Systems.

**Health Facilities Program** regulated over 860 healthcare facilities and conducted 208 surveys this year. The program licenses and/or certifies medical care facilities (i.e. hospitals, critical access hospitals and ambulatory surgery centers) and non long-term care entities (i.e. licensed or certified home health agencies, rural health clinics, out-patient physical/speech therapy facilities, end-stage renal dialysis centers, hospice providers and mobile x-ray). The program exists to assure quality care through two primary means—establishing licensing standards and inspecting facilities to assure standards are being met.

In addition to the surveys, the following applications were processed in 2012:

Initial Ambulatory Surgical Centers (ASCs) - 1  
Initial Home Health Agencies (HHAs) – 25  
Licensure Renewals for Hospitals and ASCs – 220  
Licensure Renewals for HHAs - 315

**Local Public Health Program** serves all 105 Kansas counties and works to support public health workforce development, quality improvement and efforts at the state and local levels directed toward public health performance standards and accreditation. Two major goals are emphasized: increasing the capacity of public health agencies to perform essential public health services and enhancing the ability of the public health workforce to achieve core competencies for public health. These goals are accomplished through provision of technical assistance to local health departments and other public health system partners, along with promotion of comprehensive public health education and training for the public health workforce.



**Preparedness Program** provides leadership to protect the health of Kansans through efforts to mitigate, prepare for, respond to and recover from disasters, infectious diseases, acts of terrorism and mass casualty emergencies. Preparedness is responsible for: Coordinating health and medical preparedness planning and response in Kansas; Serving as the coordinating unit for the Emergency Support Function #8 – Public Health and Medical Services Annex of the Kansas Response Plan; Maintaining the statewide, web-based, secure Health Alert Network (KS-HAN); Serving as the grantee for the Centers for Disease Control and Prevention and U.S. Health and Human Services health and medical preparedness cooperative agreements; Promoting all-hazards planning; and Preparing a variety of exercise scenarios to contribute toward planning purposes for health preparedness.

**Primary Care Program** works to assure that all Kansas residents receive adequate access to quality, affordable primary health care services. The program focuses on helping local communities through planning, data assistance, specific program services and technical consultation. Activities include evaluating access for underserved populations and using these analyses to apply for appropriate federal shortage designations; supporting activities to recruit and retain health professionals through the J-1 Visa Waiver Review Program, National Health Service Corps Loan Repayment Program, and State Loan Repayment Program; administering a program of state grants to support “safety net” primary care clinics; directing the Charitable Health Care Provider Program; and collaborating with the State Board of Pharmacy in the administration and activities of the Unused Medications Program.

**Rural Health Program** promotes access to quality health care in rural Kansas and support communities in building sustainable rural health systems by developing long-term solutions to rural health challenges. The program’s focus is to link rural communities with state and federal resources through dissemination of information, development of strong partnerships, and provision of technical assistance to rural communities. The Rural Health Program administers the Small Hospital Improvement Program (SHIP) grant and the Medicare Rural Hospital Flexibility (FLEX) program, both which support the state’s small rural hospitals and rural health networks.

**Special Population Health Program** works to assure access to primary health care services for low-income and medically underserved migratory and seasonal farmworkers. The program facilitates care through a statewide voucher infrastructure that delivers health and dental services and provides case managers and community health workers to support access and promote health. Additionally, the Special Population Health Program coordinates health screening for refugees who are resettled in the state. Health information from the U.S. Public Health Service Quarantine stations is sent to local health departments, which conduct screenings to ensure follow-up evaluation, treatment, and referral of conditions identified during the medical examination. Through this process we can identify persons with communicable diseases of potential public health importance, as well as identify personal health conditions that adversely impact effective resettlement and personal wellbeing (e.g., job placement, language, training, or attending school, etc.).

**Kansas Trauma Program** is a partnership between public and private organizations to address the treatment and survival of patients with critical injuries. The program’s goal is to establish local and regional trauma systems statewide so that each patient is properly triaged and transported to the hospital with the most appropriate resources as quickly as possible. Because patients with severe injuries require rapid, specialized treatment to ensure the best chance for recovery, an integrated trauma system increases their chances for survival and reduces the likelihood of permanent disability. Trauma Program activities include development and implementation of statewide and regional systems trauma plans, management of a statewide data collection system on trauma, designation of trauma centers, and provision of support for the Regional Trauma Councils and the Advisory Committee on Trauma.

## **2012 BCHS Accomplishments**

On July 1, Health Facilities Program joined BCHS. The program was previously with the then-Bureau of Child Care and Health Facilities

Health Facilities Program staff joined with the Department for Aging and Disability Services (KDADS) and the State Kansas Fire Marshal Office to assess the expanded use of the KDADS' Kansas Organization Tracking Application (KOTA) for an on-line tracking of the Life Safety and Health surveys. This partnership, once fully operational, will provide an efficient system for all three agencies to communicate and monitor the status of all surveys.

Training was provided to approximately 200 nurses, social workers and administrators on the Health Facilities Program OASIS and Risk Management programs.

With funding from the Kansas Health Foundation, the Local Public Health Program convened a workshop, "Quality Improvement (QI) in Kansas Public Health," attended by professionals from local health departments in 17 Kansas counties. The purpose was to assist attendees to develop their own agency QI plan.

Local Public Health Program led work to complete data collection for 100 percent of the Kansas counties and agencies selected for participation in the national Public Health Enumeration Study conducted by the Public Health Nurse Association.

Statewide Public Health Calls were initiated and convened monthly during 2012. These calls bring timely and up-to-date KDHE information to public health partners in local agencies, hospitals, clinics and at other sites.

KS-TRAIN enrolled 7,166 new "learners/users" for 2012. Currently, there are 46,222 active KS-TRAIN accounts, and a total of 22,322 courses were completed in 2012. KS-TRAIN serves as a cost-effective alternative to the classroom, enabling public health and safety professionals to access quality education from their desktops. A total of 11,642 online/desktop trainings were completed in 2012, with 52 percent of all courses in the system delivered in web-based formats, resulting in an estimated savings of \$3,800,996.

For the second year running, CDC and the US Marshal Service assessed the Preparedness Program's Strategic National Stockpile (SNS) State Plan and awarded a perfect score of 100 percent on the state's level of readiness for the health and medical response to a possible anthrax emergency.

Kansas Medical Reserve Corps (KS-MRC) program was awarded the 2012 MRC Special Projects Award for States. The funding will be used to host a two-day statewide training summit for Kansas MRC volunteers, which will focus on basic and advanced training for MRC volunteers. The KS-MRC program has partnered with the Kansas Division of Emergency Management (KDEM) to expand this summit to include other volunteers who assist with disaster response efforts within Kansas.

A new MRC unit was established in the Northwest Hospital Region in Kansas. The Northwest Kansas Regional MRC unit is housed at Hays Medical Center. It will be comprised of volunteers from 18 counties. The unit will assist hospitals, public health and emergency management agencies with medical and non-medical events within the Northwest region of Kansas.

Preparedness Program and KDEM began partnering on the development of the Kansas Comprehensive Resource Management and Credentialing System (CRMCS). This credentialing system involves providing documentation that identifies, authenticates and verifies the qualifications of emergency response personnel. Emergency Support Function 8 (Health and Medical) has been tasked with defining the roles and

requirements of health and medical sector disciplines. To accomplish this goal, the Kansas System for the Early Registration of Volunteers (KSERV) is being utilized to verify the licenses and certifications of health and medical professionals. In May 2012, a web-based application was created between CRMCS and KSERV to check for valid professional credentials for an individual. This allows a Kansas level CRMCS health credential to be issued.

Preparedness Program coordinated implementation of an updated and expanded MOU for joint terrorism response operations between KDHE and the Federal Bureau of Investigations, which is being shared by the FBI as a model for other states.

Primary Care Program facilitated distribution of more than \$1 million worth of medications to uninsured, low-income Kansans through the Unused Medications Repository. Since its implementation in July 2009, just under \$5 million (retail value) in pharmaceuticals that otherwise would have been destroyed have been distributed. It is estimated that more than 8,000 uninsured Kansans have received their medicines through this program.

Primary Care Program currently provides state funds to 39 clinics that see all patients regardless of their ability to pay, with 74 clinic sites located in 33 Kansas counties. In March 2012, these State-funded clinics reported 567,141 medical, dental and/or behavioral health care visits by 232,131 Kansans.

There are currently 120 National Health Service Corps providers and 18 State Loan Repayment Program providers practicing in underserved communities, tripling the number of obligated health professionals serving in underserved areas of the state since 2009.

Ninety-six small rural hospitals received Small Hospital Improvement Program (SHIP) grants to support hospital activities in quality improvement and health information technology. In 2012, more than one-third (38 percent) of these hospitals used the SHIP grant funds to maintain accurate billing/coding systems and/or to improve quality data collection and reporting to the Centers for Medicare and Medicaid Services. Other hospitals used SHIP grant funds for quality improvement activities such as implementation of electronic health records, Lean/Six Sigma performance improvement training, and systems for reducing medications errors.

During 2012, the Rural Health Program awarded more than \$119,000 in local grant awards to 32 rural communities and one public health region to support collaboration between local health departments and rural hospitals in engaging their community members, assessing the health needs of the community, and developing their community health improvement plan.

This past year, 57 critical access hospitals in Kansas voluntarily agreed to take part in the Medicare Beneficiary Quality Improvement Project (MBQIP). With 1,000 critical access hospitals nation-wide participating, the MBQIP aims to support critical access hospitals in quality data reporting and to build national benchmarks to demonstrate the effectiveness of quality improvement initiatives.

Rural Health Program, in partnership with the Kansas Hospital Association, sponsored eight state-wide workshops and meetings to promote and educate rural hospitals on topics related to financial, operational, quality, and performance improvement. Accumulatively over 500 attendees attended these workshops, representing estimated 90 percent of the 83 critical access hospitals in Kansas.

Statewide Farmworker Health Program assisted more than 4,879 farmworkers and dependents in receiving primary care services. The Refugee Program provided technical direction and clinical review of health screenings for 397 refugees settling in nine Kansas counties.

Statewide Farmworker Health Program was recognized for its innovative practices in the Health Outreach Partners' **10 Years of Innovative Outreach Practices: A Collection of Outreach Strategies from the Field** <http://outreach-partners.org/resources/iop>.

A new award, *Champion of Farmworker Health*, was established to recognize a Kansas health provider that takes extraordinary interest in the success of the Statewide Farmworker Health Program and the health of those individuals he or she serves.

Trauma and Rural Health Programs, in collaboration with the state's regional trauma councils, in 2012 provided trauma education and training opportunities reaching more than 1,150 health care professionals statewide.

With support from the Trauma Program, there are now a total of 16 hospitals in Kansas that have met trauma center designation standards with an additional three hospitals who have applied for designation. In 2012, Trauma Program staff responded to more than 1,100 requests from hospitals for technical assistance, and it supported six regional trauma councils whose membership includes physicians, hospitals, public health and EMS.

Regulations were updated and approved for Level IV trauma center designation resulting in seven new Level IV trauma centers. Kansas Trauma Program updated trauma registry software utilized by 126 Kansas hospitals for collecting and reporting of trauma data.

## **Bureau of Community Health Systems**

### **Contact Information**

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## Bureau of Oral Health

The Bureau of Oral Health is Kansas' state level public health Bureau dedicated to oral health improvement. The Bureau works to increase public awareness about the impact of dental disease and to improve the oral health of all Kansans through data collection and dissemination, statewide oral health education, the development of evidence-based policy and statewide programs dedicated to dental disease prevention.

### 2012 BOH Accomplishments

School Oral Health Screening program provided oral health screenings for over 140,000 children during the 2011-12 school year. These screenings provide the state with county-level data on the prevalence of dental caries and dental sealants among Kansas children.

In 2012, the program applied 22,126 sealants and 14,172 fluoride varnishes in 260 schools statewide. Utilizing data from the Screening Program, the BOH targets schools with children with unmet dental needs and provides them with in-school oral health preventive services such as dental sealants and fluoride varnish.

BOH funded several programs to encourage dental professionals to work in underserved areas of Kansas. A three-year federal grant provided student loan re-payment funds for 30 dentists and dental hygienists working in dental shortage areas and treating Medicaid patients. The Bureau also provided start-up funds for community based mobile programs in schools, local health departments and nursing homes.

In addition to these programs, the Bureau completed ***Smiles Across Kansas 2012***, an oral health assessment of third grade students. And in January 2013, BOH is scheduled to release ***Elder Smiles 2012***, an oral health survey of Kansas seniors living in nursing facilities.

## Bureau of Oral Health

### Contact Information

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## Bureau of Epidemiology and Public Health Informatics

The Bureau of Epidemiology and Public Health Informatics (BEPHI) is responsible for collecting, analyzing and interpreting data that provide information on a variety of conditions of public health importance and on the health status of the population. In addition, BEPHI manages the state's civil registration system for vital events. The Bureau conducts, often in partnership with local health departments and other state and federal agencies, timely investigations of health problems and environmental public health hazards, and the bureau works to contain and mitigate these problems and hazards. Bureau staff provide expertise and technical assistance on vital records management and on a wide variety of health issues, particularly regarding health status, community health assessment, and epidemiology and surveillance related to infectious and zoonotic diseases, environmental health, maternal and child health, oral health, trauma and other public health hazards.

**Infectious Disease Epidemiology and Response Program (IDER)** provides technical support to local health departments, health care providers, laboratories, schools and other population health partners regarding infectious disease; conducts investigations of outbreaks of infectious, zoonotic and other diseases; develops and implements epidemiologic projects, evaluations and assessments designed to improve program planning and administration; and provides education and training to population health partners regarding surveillance and epidemiology of infectious disease and prevention and control measures.

**2012 Accomplishments for IDER:** Established a new web page feature to include weekly cumulative reportable infectious disease case counts. This feature helps KDHE keep timely disease case counts readily available in response to public inquiries.

IDER investigated 73 infectious disease outbreaks during 2012:

11 vaccine-preventable disease outbreaks

- 1 measles outbreak
- 8 pertussis outbreaks (including a statewide increase involving 1,675 reports resulting in 649 cases as of Nov. 28, 2012)
- 1 varicella outbreak

57 gastrointestinal disease outbreaks

- 28 foodborne illness outbreaks
- 2 outbreaks associated with animal contact

1 waterborne disease outbreak (legionnaire's disease)

3 respiratory outbreaks – 1 paraptussis, 1 influenza and 1 of unknown etiology

1 healthcare-associated hepatitis C virus outbreak involving multiple states

The program implemented a comprehensive arboviral surveillance system with stakeholders including the Kansas Biological Survey and the United States Army. The program included expanded mosquito surveillance, which identified two new West Nile virus (WNV) mosquito vectors in Kansas, as well as enhanced testing of mosquitoes for two additional arboviruses. During 2012 there was a 91% increase in human cases of WNV, the most cases Kansas has reported in 10 years.

IDER provided technical assistance through more than 5,051 encounters through the Epidemiology Hotline; conducted 55 oral and poster presentations on a variety of topics at state and national conferences; and provided a subject matter expert for the Kansas Intelligence Fusion Center's Public Health and Agriculture Threat Focus Team.

The program developed a One Health Zoonotic Disease workshop for healthcare providers and veterinarians, focused on diseases transmitted between animals and humans, with the Kansas Department of Agriculture's Division of Animal Health.

IDER enhanced One Health infrastructure through partnerships between KDHE and the Kansas Department of Agriculture's Division of Animal Health. This included development of two Zoonotic Disease workshops for healthcare providers and veterinarians, a survey among licensed dog kennel owners on brucellosis, and a joint case investigation into a nation-wide outbreak of lymphocytic choriomeningitis virus.

**EH/MCH/OH - Environmental Health/Maternal and Child Health/Oral Health Epidemiology** provides epidemiologic support and scientific expertise to a number of programs throughout the agency. The section promotes and improves the health and well-being of women, children and families by applying sound epidemiologic research and scientific information to maternal and child health programs and policies. The section also oversees the epidemiologic components of the state program for the National Environmental Public Health Tracking Network by analyzing, interpreting and disseminating data from environmental hazard monitoring and from human exposure and health effects surveillance. The section provides epidemiologic consultation on environmental health issues to a variety of other KDHE programs and external partners. In October 2012, the section was expanded to include Oral Health Epidemiology for the purpose of analyzing and interpreting data to assess the burden of oral disease in Kansas and to evaluate a number of oral health programs.

**2012 Accomplishments for Environmental Health Epidemiology:** Implemented a study to examine potential health effects of large-scale agricultural burning in Kansas. The study was in collaboration with the Centers for Disease Control and Prevention and involved obtaining record-level emergency department and hospital discharge data from the Kansas Hospital Association and the Veterans Administration and exposure data from air monitors in the region. Representatives from BEPHI, the Bureau of Environmental Health and the Bureau of Air hosted a site visit by the CDC to the Konza Biological Station to gain a first-hand look at the effects of agricultural burning.

In collaboration with the Bureau of Environmental Health's Radiation Section, forms were created for population monitoring after a radiation event. The population surveillance forms and instructions were included in the Standard Operating Guide for establishing a Community Reception Center, which was made available to local health departments. The forms were used during the 2012 Amber Waves Population Monitoring Exercise, which simulated County, State and National response to a radiation event.

Developed a reporting system within the Emergency Management Systems (EMSystems) to monitor morbidity and mortality associated with extreme weather events. A report on heat-related deaths during the summer of 2011 was completed. A presentation was given at the Council of State and Territorial Epidemiologists (CSTE) annual conference and at the Winter Summit held by the Kansas Hospital Education and Research Foundation. A poster was presented and awarded first prize at the Kansas Public Health Leadership Institute Governor's Public Health Conference.

With continued epidemiology support to the Harmful Algal Blooms (HAB) program, the bureau mentored a Master of Public Health degree candidate, whose project was entitled, “Knowledge, attitudes, and practices of Kansas physicians and veterinarians regarding harmful algal blooms.” Conclusions from the study will be used to improve the Kansas HAB program. Data from lake sampling for HABs was presented at the CSTE annual conference.

Collaborated with BEH staff on the successful transition of blood lead surveillance from BEH into BEPHI, utilizing EpiTrax.; and Completed a comprehensive report on Occupational Health Indicators in Kansas. The report was shared at the CSTE Occupational Health Subcommittee meeting and posted on CSTE and KDHE websites.

**2012 Accomplishments for MCH Epidemiology:** Completed Perinatal Periods of Risk (PPOR) analyses including one covering five counties. The analysis uses fetal death and linked birth-infant death files to gain greater insight into the underlying factors contributing to Kansas fetal and infant deaths. A presentation on the PPOR analysis for Sedgwick County was given at the CSTE annual conference and the abstract was nominated for the Robert Wood Johnson Foundation Award in Addressing Racial and Ethnic Disparities.

Additionally, this section completed a Community Health Assessment project in collaboration with the Office of Vital Statistics, presenting 12 maternal and child health indicators (2005-2010). It completed an annual analysis on infant mortality rates by county (2006-2010); updated the Maternal and Child Health (MCH) Block Grant indicators and data sources; completed a project using data from the linked infant birth/death file to assess the quality of reporting of selected birth defects on the birth certificate; and completed the State Systems Development Initiative (SSDI) grant performance report (FY 2012) and progress report (FY 2013).

**BEPHI Support to BCHS Trauma Program**—BEPHI provides epidemiological guidance to the Kansas Trauma Program located in the Bureau of Community Health Systems. Key epidemiologic activities include analyzing trauma registry data and providing findings to stakeholders to help develop the trauma system, providing technical assistance and training to hospitals submitting trauma data, and ensuring appropriate data sets are available for integration with trauma registry data to evaluate trauma system performance and policy development.

**2012 Accomplishments for Kansas Trauma Program:** Oversaw the process for migrating trauma data and applications to Digital Innovation, the trauma registry vendor; Guided the process for enhancing the trauma registry; Developed a strategy for how aggregate data will be displayed to trauma regional councils and registrars; Evaluated a method for analyzing timeliness of reporting; Developed a method for linking multiple trauma records for the same case in the registry; and Provided findings from trauma registry to develop regional performance improvement indicators.

**BEPHI's Public Health Informatics (PHI)** includes the Office of Vital Statistics, Technical Research and Reporting, Vital Statistics Data Analysis, Infectious Disease Surveillance and the Healthcare-associated Infections Program. PHI provides services directly to public policy makers, program managers, health care providers and the public. Statistical and informational reports and publications are provided for the public, policy makers and program managers.

**Office of Vital Statistics (OVS)** registers and maintains birth, death, fetal death, marriage and divorce records and amendments to those records. Since 1911, more than 10 million records have been filed with OVS. Annually, the office registers approximately 100,000 vital records and issues more than 370,000 certified copies of documents. The official records that are filed with OVS are utilized for a variety of civil



support purposes, including provision of record-level data for the National Center for Health Statistics, the National Death Index and other federal and state agencies.

**2012 Accomplishments for the OVS:** Through an effort to maximize information technology resources, all 103 district courts in the state of Kansas are using the Vital Statistics web-based system for electronic filing of marriage and divorce certificates. Kansas is unique in this capacity in that most vital record offices are not interfaced with court judicial systems.

With the addition of a birthing facility in far western Kansas, 100 percent of Kansas hospitals now use the electronic filing of birth certificates.

**Vital Statistics Data Analysis (VSDA) and Technical Research and Reporting (TRR) Programs** perform statistical analyses on a wide variety of health-related data. Data are acquired from existing healthcare and public health data sources and new collection activities to fulfill the information needs of program managers, health care providers, researchers, legislators and the public. Programmatic activities include data acquisition, quality assessment, analysis, publication and dissemination activities throughout the state for the Vital Statistics data, hospital discharge, and private and public health insurance claims. The TRR section oversees and standardizes newsletters, reports and research articles to conform to professional expectations of the bureau. Kansas Information for Communities (KIC), a health information portal with health data one can query and links to many other data reports and information, is maintained by Public Health Informatics. Visit <http://kic.kdhe.state.ks.us/kic/>. Finally, VSDA participates in leadership and contributions to the Kansas Health Matters health information public/private portal.

**2012 Accomplishments for the VSDA and TRR programs:** Oversaw the preparation, submission and management of data for the statewide health data resources: Kansas Health Matters and the KIC system; Awarded the *Validating Data found in Linked 2003 Version of Vital Records and Hospital Discharge Data for Quality Improvement* cooperative agreement from the CDC; and Initiated training activities for birth clerks throughout Kansas to improve birth certificate data reporting.

**Infectious Disease Surveillance (IDS)** program administers the state reportable disease system and maintains a secure, web-based electronic disease surveillance system that is utilized by all 105 local health departments and KDHE for reporting and case management. The system also includes an outbreak management module. The IDS program also administers the Kansas application of BioSense, a syndromic surveillance system coordinated by the Centers for Disease Control and Prevention.

**2012 Accomplishments for the IDS Program:** Implemented a new electronic disease surveillance system, EpiTrax, combining surveillance systems for general communicable diseases, tuberculosis, sexually transmitted diseases and blood lead into one surveillance system.

Established electronic laboratory reporting of notifiable diseases for KDHE. This is a significant improvement in receiving information on reportable diseases and conditions. It is projected to substantially improve timeliness of disease reporting to KDHE, resulting in improved public health response.

Established syndromic surveillance using BioSense 2.0 and connected Kansas Health Information Network (KHIN) and with eight Kansas City area hospitals through Missouri's ESSENCE system.

**Healthcare-associated Infections Program (HAI) Program** was established through the development of a state planning process with the goal of reducing healthcare-associated infections. The state plan was developed in partnership with a multidisciplinary advisory group that included members from public and private organizations representing hospitals and other healthcare facilities and infection prevention professionals. The initial focus of the program has been to establish a program infrastructure and develop a

robust surveillance system with hospitals sharing de-identified data on patients with healthcare-associated infections with KDHE through the CDC-supported, web-based National Healthcare Safety Network (NHSN). Program staff provides consultation and technical assistance to infection preventionists and other healthcare professionals.

**2012 Accomplishments for the HAI Program:** Expanded the HAI program technical support and surveillance across the continuum of care, including End-Stage Renal Disease (ESRD) and long term care (LTC) facilities; and Launched *Clostridium difficile* / antimicrobial stewardship collaborative in partnership with Kansas Foundation for Medical Care.

## Bureau of Epidemiology and Public Health Informatics

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## Bureau of Family Health

**T**he Bureau of Family Health (BFH) provides leadership to enhance the health of Kansas women and children in partnership with families and communities.

The Bureau has five goals: (1) Improve access to comprehensive health, developmental, and nutritional services for women and children including children with special health care needs; (2) Improve the health of women and children in the State through prevention/wellness activities, a focus on social determinants of health, adopting a life course perspective, and addressing health equity; (3) Strengthen Kansas' maternal and child health infrastructure and systems to eliminate barriers to care and to reduce health disparities; (4) Administer the licensing law as a preventive program to assure that out-of-home care for children and maternity patients will not be exploitive, unsafe, or unhealthy; and (5) Work from the perspective of "what is in the best interest of the child" ensuring the child's safety and well being while in out-of-home care without creating unnecessary bureaucratic barriers and inefficiencies.

The Bureau supports a statewide system of public health services for the maternal and child health (MCH) population and licensing/regulation of facilities providing out-of-home care to children and youth through six sections:

**Administration and Policy Section** coordinates administrative functions and support for Bureau programs. The Compliance and Regulation Development Unit is responsible for regulation promulgation; development and tracking of legislative initiatives; and responding to open records requests. Section staff provide general customer service and reception such as greeting customers, applicants, licensees; answering calls; and returning messages from the contractors, providers, and the public.

**Child Placing Agencies and Residential Programs Section** provides for the protection and safety of children and youth placed in approximately 2,500 facilities including family foster homes, group boarding homes, and other 24-hour care residential facilities. The Department does not place children in residential care. Children are placed by parents or guardian, by a public agency such as the Kansas Department for Children and Families, or by a private child placing agency licensed by KDHE to perform a placement service.

**Children and Families Section's** maternal/child and reproductive health programs promote optimal health for infants, children, adolescents, and women through systems development activities and grants to local communities. The Infant-Toddler Services Program is responsible for developing and maintaining state systems that provide early identification, evaluation, and/or early intervention services for newborns, infants, and toddlers with special needs, disabilities, and/or developmental delays pursuant to Part C of the Individuals with Disabilities Education Act (IDEA).

**Early Care and Youth Programs Section** establishes and enforces regulatory safeguards for approximately 7,000 child care facilities throughout the State of Kansas, ultimately reducing the risk of predictable harm to children two weeks to 16 years in out-of-home care. Regulated facilities include: day care homes, child care centers, preschools, head starts, and programs serving school age children. Inspection activity is carried out by district office staff across the state and contracted with local health departments. The Section also

regulates Resource and Referral Agencies authorized to provide referral services to families as well as training and technical assistance to child care providers.

**Nutrition and WIC Services** (NWS) administers the federally funded Women, Infants, and Children (WIC) program, focused on improving the health status and nutritional well-being of Kansans. NWS provides nutrition education (including breastfeeding support), supplemental foods, and referrals to other health services for low-income pregnant, breastfeeding, and postpartum women and their infants and children up to age five.

**Special Health Services (SHS)** includes Children and Youth with Special Health Care Needs (CYSHCN), Newborn Metabolic Screening Follow-up (NBSFU), and Newborn Early Hearing Detection and Intervention (Sound Beginnings). CYSHCN promotes the functional skills of young persons in Kansas who have or are at risk for a disability or chronic disease by providing or supporting a system of specialty health care. NBSFU Program is a collaborative effort among public health, hospitals, medical care providers, and the parents of infants screened. Sound Beginnings is a service provided to families to ensure newborns in the state of Kansas receive a screening examination for the detection of hearing loss.

### **2012 BFH Accomplishments**

Ninety-nine percent of all Kansas newborns (39,910 of 40,455) received hearing screenings before leaving the hospital. Staff follow-up on all “loss to follow-up” and “loss to documentation” findings.

“Loss to follow-up” and “loss to documentation” newborn hearing screening rate decreased from 46 percent to 27 percent (current national average is 39 percent).

The Kansas Resource Guide (KRG) toll-free line and information resources network responded to approximately 160 calls per month from Kansas families with questions regarding information on services for persons with disabilities. The KRG website received more than 1,900 web requests for information each month, an average of 63 requests per day.

In SFY 12, Kansas screened 40,254 of newborns (99.5 percent) for metabolic conditions. Of these, 2,324 (5.8 percent) had presumptive positive or inconclusive results that required follow-up by nurses to identify and treat infants that are potentially affected by one of 29 conditions so that disability, mental retardation and/or death can be prevented.

The Children and Youth with Special Health Care Needs (CYSHCN) program assured that medical specialty services were accessible through a contractual system and provided diagnostic evaluation, case management, treatment, and financial assistance to more than 4,645 children and adolescents with disabilities and their families across the state, regardless of geographic remoteness.

The Infant-Toddler Services Program initiated the process to amend state regulations in response to the U. S. Department of Education announcing the release of the final regulations for the early intervention program under Part C of the Individuals with Disabilities Education Act (IDEA). The official version of the Federal regulations can be viewed at: <http://www.federalregister.gov/articles/2011/09/28/2011-22783/early-intervention-program-for-infants-and-toddlers-with-disabilities>.

One statewide Individualized Family Service Plan (IFSP) with all required supporting documents was developed for use by 37 local community programs, increasing consistency with implementation and

reporting. The mandatory implementation date is January 1, 2013.

“Safe Haven for Newborns” signs were distributed to all county health departments across Kansas in response to the Newborn Infant Protection Act [K.S.A. 38-2282], which provides a safe place for a parent to surrender physical custody of their newborn.

Approximately 76,500 children and youth received screenings, well-child checkups and other child and adolescent health services. More than 13,000 pregnant women received prenatal care coordination and home visitation services. More than 38,000 women received women’s health services.

The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program provided a coordinated and integrated system of evidence-based home visiting programs serving nearly 200 families with at-risk pregnant women and children (0-5 years) in Wyandotte and Montgomery counties. A new coordinated outreach and referral system, *My Family*, was established in Montgomery County, and the Connections Centralized Screening and Referral System in Wyandotte County was expanded.

U.S. Health Resources and Services Administration awarded KDHE a two-year development grant totaling \$5,958,587, in addition to continued annual formula funds, to further expand the Maternal, Infant, and Early Childhood Home Visiting Program.

Team for Infants Endangered by Substance Abuse (TIES) Program, a promising approach serving pregnant and postpartum women affected by alcohol or other drugs, was implemented in Wyandotte County.

A cross-program performance management and data system was developed and implemented to collect and report MIECHV program implementation and outcomes data (more than 35 indicators in six benchmark areas): maternal and newborn health, child injuries, child maltreatment, domestic violence, family economic self-sufficiency, and coordination and referral for community resources.

More than 2.2 million food instruments (checks) were processed by WIC during 2012, which accounted for nearly \$51.5 million in food dollars to Kansans. An average of 74,761 women, infants and children per month were served.

NWS section participated in the *Kansas High 5 for Mom and Baby* hospital education campaign, now out of the planning stage and into the active education and evaluation stages. The campaign provides training for hospitals on five “Baby Friendly Steps” supporting breastfeeding.

NWS developed a campaign to train all local WIC staff on Baby Behavior. The focus is on teaching parents to understand their infants’ cues, so they can meet their babies’ feeding needs appropriately. The campaign will kick off at the Kansas WIC conference in April 2013.

NWS participated in a multi-disciplinary breastfeeding coalition, promoting projects such as the Business Case for Breastfeeding and the building of local and regional breastfeeding coalitions.

NWS participated in a Nutrition and Physical Activity Collaboration Project to promote program sharing and consistent nutrition messages in all Kansas nutrition programs.

New and amended health and safety regulations for day care homes, group day care homes, child care



centers, and preschools became effective February 3, 2012. Regulations address the competent supervision of children in day care homes and group day care homes; orientation for applicants and new staff; and additional training requirements including safe sleep, child development, identifying/reporting abuse and neglect including traumatic head injury, and certification in first aid/CPR. Requirements for child care facilities can be viewed online at [www.kdheks.gov/kidsnet](http://www.kdheks.gov/kidsnet).

Implementing the provisions of Lexie's Law (passed by the Kansas Legislature in 2010), including the new and amended health and safety regulations, increased Kansas' ranking from 41<sup>st</sup> to 3<sup>rd</sup> in the National Association of Child Care Resource and Referral Agencies *2012 Report of State Standards and Oversight of Small Family Day Care Homes*.

CLARIS Inspection Module (CIM) project was implemented statewide in February 2012. CIM automated the paper-based survey process for day care homes, group day care homes, child care centers and preschools. Implementation increases survey efficiency, reduces the amount of time spent on site by inspectors, and streamlines the process for issuing temporary permits and licenses. Inspection instruments for school-age programs and family foster homes are expected to be available online in 2013.

The technology project to provide an online child care application moved into testing stage. The online application is expected to be available in early 2013 and will feature the option for providers to enroll with the Department for Children and Families (DCF) to serve families receiving child care subsidies, eliminating the need to submit separate applications to each agency.

A web-based portal was launched in March 2012, making child care facility compliance history readily available to the public. The Child Care and Early Education Portal is a tool to help families make informed child care choices and can be used to review the compliance history of a current or prospective child care provider. The search link is available at [www.kdheks.gov/kidsnet](http://www.kdheks.gov/kidsnet) and averages 4,000 hits monthly.

Child Care Licensing (CCL) responded to approximately 600 requests for open records information contained in the licensing files of child care facilities, including verification of licensure status, compliance history, copies of paper-based documents contained in the facility file, and requests for lists of child care facilities.

CCL staff represented Kansas at the National Association for Regulatory Administration (NARA) Conference in San Francisco and presented on Kansas technology initiatives.

CCL staff were among those presenting at the Kansas Association for the Education for Young Children (KAEYC) 2012 Fall Conference. This annual professional development event is attended by early childhood professionals including child care center/preschool staff and family child care providers.

A federal controls audit completed December 2012 affirmed child care background checks are conducted in accordance with the requirements of the law, and that procedures are followed to ensure that prohibited individuals do not reside, work, or regularly volunteer in licensed child care facilities. The findings were part of a larger audit of Child Care and Development Funds (CCDF) administered by the Kansas Department for Children and Families.

Child Placing Agency (CPA) and Residential Programs section initiated the process of promulgating amended family foster home regulations which ease constraints for existing family foster homes, resulting in homes more readily available to children in need of care. New and amended regulations will eliminate the need for a number of blanket policy exceptions.

In September 2011, the CPA & Residential Programs Section implemented a policy and procedure for requesting feedback from foster parents pertaining to the family foster home survey process. As of July 1, 2012, a total of 330 satisfaction surveys have been received. Overall, the satisfaction survey results have been very positive with 97 percent or higher of the participants “completely agreed” or “agreed” that KDHE surveyors are respectful, timely, respond to questions, and increased foster parents’ understanding of the family foster home regulations.

New guidance material was posted on the KDHE website in May 2012 targeted at operators of Family Foster Homes and their sponsoring Child Placing Agencies. The material can be viewed at: [www.kdheks.gov/kidsnet](http://www.kdheks.gov/kidsnet).

## **Bureau of Family Health**

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## Bureau of Environmental Health

The Bureau of Environmental Health (BEH) works to protect the health of all Kansans by connecting environmental problems and associated public health concerns through coordinated comprehensive surveillance and responsible hazard exposure prevention. BEH is home to the activities of the Healthy Homes and Lead Hazard Prevention Program the Radiation and Asbestos Control Programs, and the Environmental Public Health Tracking Program.

**Healthy Homes and Lead Hazard Prevention Program** promotes lead poisoning prevention and home safety through education and outreach. The program enforces rules and regulations regarding lead based paint activities including renovation and remodeling practices in residential settings to ensure the safe elimination of lead based paint hazards. The program also works to educate Kansas families on how to prevent injury and illness associated with health hazards found in the home environment. During 2012 the program administered a residential lead-based paint hazard elimination grant from the US Department of Housing and Urban Development (HUD) that reduced or eliminated health hazards in 136 homes. The program will continue this work in 2013 with a goal of eliminating hazards in over 150 additional Kansas homes statewide. A successful collaboration with Wichita State University enabled 50 nursing students to be trained in Environmental Health practices and to complete Healthy Home Assessments in the Wichita area.

**Radiation and Asbestos Control Section** protects the public and the environment from the harmful effects of man-made sources of radiation, environmental radiation and asbestos. This includes administering the Radiological Emergency Response program, the Environmental Radiation Surveillance program, the Kansas Radon Program, the Radioactive Materials and X-Ray Control programs, the Asbestos program and the Right-to-Know program.

The Radiological Emergency Response program was involved in a major multi-state and multi-agency training event during 2012. Amber Waves was an exercise to test our preparedness in responding to a radiological attack such as a dirty bomb in a highly populated area. KDHE received high praise from federal partners for the role that was played in this event.

The Environmental Radiation Surveillance program detects, identifies and measures any radioactive material released to the environment by the Wolf Creek Generating Station and provides oversight in the cleanup of other sites contaminated with radioactive materials. During 2012, the program used lessons learned from the 2011 Fukushima disaster to better prepare and monitor the environment in Kansas. KDHE was able to detect minute amounts of radiation from Japan in 2011 and has looked at what occurred in the area around the power plant to better prepare and take steps to insure that a similar situation never occurs in Kansas.

The Kansas Radon Program performs outreach and education to the citizens of Kansas on the harmful effects of radon gas, how to test for it, and how to repair structures to mitigate the health threat posed by radon gas. During 2012, the Radon program administered the Radon Licensing Law in Kansas that ensures residents that companies hired to test for or remediate radon hazards in homes in Kansas are properly trained in the work practices that they perform. The Radioactive Materials and X-Ray Control programs

regulate the commercial and medical uses of ionizing radiation in Kansas. During 2012, the initial cycle of statewide inspections and evaluations was completed – all X-Ray operating facilities in Kansas have been inspected by KDHE and the lessons learned from these inspections allow KDHE to better protect the workers in the facilities and the people who are treated there.

The Asbestos program monitored the removal of asbestos from over 1000 building renovations and demolition projects in 2012. This program also certifies contractors and issues licenses to asbestos workers to ensure trained personnel conduct appropriate removal activities. The Right-to-Know program receives information regarding chemical storage and releases into ambient air and makes this information available to the public.

**Environmental Public Health Tracking Program** collects, analyzes, interprets and publishes environmental health data as part of the National Environmental Public Health Tracking Network. During 2012, EPHT established a Facebook page entitled “Kansas Environmental Health” that allows direct communication with the public about events and happenings within the Bureau of Environmental Health. EPHT was a key contributor in tracking the effects of Harmful Algae Blooms, extreme weather related death and illness (heat and cold) and the hazardous effects of Carbon Monoxide in homes and buildings. The information provided about threats to the health of Kansans posed by environmental hazards allows for more efficient and effective response from individuals, business and government.

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## Bureau of Disease Control and Prevention

**T**he Bureau of Disease Control and Prevention (BDCP) responds to the state's leading health problems in the areas of communicable diseases and addresses components from all three core functions of public health – assessment, policy development and assurance. BDCP provides immunization vaccines for children, adolescents and adults; counseling and testing for HIV; medications to people with AIDS, STDs and Tuberculosis; partners' notification for infectious diseases; establishing partnerships with medical and community organizations to identify, counsel and treat people at risk for infectious/contagious diseases and immunize Kansas citizens against vaccine-preventable diseases.

**Immunization Program** seeks to maximize the protection of Kansans from vaccine-preventable diseases. The program aids in the distribution of vaccines to local health departments and private providers for low-income, underinsured and uninsured children. The program assists vaccine providers and conducts periodic surveys of immunization coverage as well as manages KWebIZ, the state's immunization information registry.

**HIV/AIDS and Viral Hepatitis Program** works to promote public health and enhance the quality of life for Kansas residents by the prevention, intervention and treatment of HIV/AIDS and Viral Hepatitis. The mission will be accomplished through policy and resource development, clinical data collection and analysis, research, education, prevention programs, disease detection and the provision of treatment and clinical care services. The Personal Responsibility Education Program (PREP) is designed to educate adolescents through evidence-based effective programs on responsible behavioral choices is also located within this unit.

**Sexually Transmitted Disease Program** works to reduce morbidity and mortality from chlamydia, gonorrhea, syphilis and HIV in Kansas by providing a continuous network of surveillance, intervention, prevention and education across the state.

**Tuberculosis Control Program** seeks to assure that proper screening and treatment for tuberculosis occur in Kansas. Program staff serves as a resource for local health departments and other providers who deliver care to persons with tuberculosis and their contacts. The program provides medications which assure proper treatment of patients with infectious tuberculosis.

### 2012 BDCP Accomplishments

Progress continues to be made by KWebIZ, the statewide immunization registry. More than 2 million patients are enrolled in the system with 332 provider practices, including the local health departments in all 105 counties. The number of vaccinations captured in the system as of November 1, 2012, is approximately 18.2 million. The KWebIZ school module is accessed by 1,109 schools in 263 school districts with a total of 646,110 vaccinations added by these schools. A partnership with a large pharmacy chain has resulted in an additional 175,732 vaccination records for 86,260 patients in KWebIZ. In addition, data imports have been established to feed immunization data to KWebIZ from a second large pharmacy chain.

The Kansas WebIZ project team continues to meet the objectives for the Prevention and Public Health Funding grants (capacity building) that were awarded to the program in August 2011.



Enhancing interoperability of EHR-KSWebIZ data exchange: As of December 31, 2012, (since August 2011) KSWebIZ has established functional bi-directional interfaces with 25 providers (via Electronic Health Records) across the state.

Enhancing IIS-Kansas Immunization Program (Vaccines for Children-funded) vaccine management operations by developing a vaccine ordering module in the state IIS to interface with CDC's VTrckS vaccine ordering management system; As of December 31, 2012, the vaccine ordering module is completely functional. The system has the capability to: Allow immunization providers to submit their VFC vaccine orders electronically; Facilitate the import of shipment data directly into respective provider inventory data locations

Provider sites are currently undergoing training on the system, with the expectation that 100 percent of all VFC providers will be trained and utilizing the vaccine ordering module by the end of the third quarter of 2013.

Developing a strategic plan for local health department billing 3<sup>rd</sup> party payers: As of December 31, 2012, the enhancement of the billing module in KSWebIZ is in the design and development phase. The National Association of County and City Health Officials (NACCHO) highlighted the Kansas Immunization Billing Stakeholder's Group in its toolkit as a national template.

KSWebIZ staff members have been working closely with KHIN (Kansas Health Information Network) to implement data sharing between this Health Information Organization (HIO) and KSWebIZ. As of 2012, 10 immunization provider clinics will be submitting immunization data updates to KSWebIZ through KHIN. It is anticipated that in the first quarter of 2013, the functionality will be in place for providers enrolled in KHIN to bring historical data back into their respective EHRs from KSWebIZ via the KHIN/KSWebIZ interface.

Kansas Vaccine for Children (VFC) providers became one of the first in the nation to implement continuous data logging technology in vaccine storage and handling practices. This initiative assures 24/7 vaccine monitoring for efficacy and effectiveness.

The Kansas Immunization Program worked with local health departments, rural health clinics and Federally Qualified Health Centers to implement a federally mandated "Deputization" agreement assuring that local health departments would continue their ability to serve underinsured children.

Completed the first year of a two-year PPHF Strategic Billing grant to assess and assist local health departments in strategic planning to develop or refine billing processes for immunization services for fully insured clients. Training, billing and private payer resources were identified and barriers were addressed. Outcomes to date have resulted in excellent stakeholder feedback, effective collaboration, and the development of a nationally recognized "billing toolkit" for effective billing strategies.

Four pharmacies were enrolled as VFC providers to pilot what is to be an extensive expansion of VFC providers throughout Kansas.

Prevention and Public Health Fund (PPHF) Grant—Program Area 6: Enhance the sustainability of school located vaccination. All 13 counties funded have held clinics in elementary, middle and high schools in their areas and have provided not only flu vaccine, but almost all other school required vaccinations and recommended vaccines, such as HPV and Meningitis. This program grant is in its second and final year and has positive implications for the future: Sustainability through effective billing; Increased coverage rates; Collaboration between the school and public health communities.

In 2012, the HIV Surveillance Program has reduced the percent of cases having no risk factor reported in the 2011 and 2012 data. According to the 2012 Centers for Disease Control and Prevention HIV Surveillance Program assessment, the program has a current risk factor ascertainment percentage of 97.1 percent for 2010 data. The program has a data quality completeness percentage of 98.9 percent and an overall estimate of complete rating of 96.9 percent. This relates to the department's strategic priority of reviewing the effectiveness and efficiency of the program's activities.

In 2012, the HIV Surveillance Program began working toward the implementation of electronic laboratory reporting. The program has partnered with the Kansas Health and Environmental Laboratories and the Bureau of Epidemiology and Public Health Informatics (BEPHI) on this initiative. Prototypes and testing is currently being done by the laboratory and BEPHI. The HIV Surveillance testing phase is anticipated to begin in the spring of 2013. This project falls in line with the strategic goals of securing materials and equipment needed to support infrastructure, create the infrastructure needed for exchange of data and information and streamlining and automating key work processes. These activities are in line with the surveillance goals of ensuring completeness and accuracy of the data through monitoring of the epidemic to assist with meeting the National HIV/AIDS Strategy goals.

The HIV Prevention Program worked to align program activities with the Centers for Disease Control and Prevention's *High-Impact Prevention*, which is the new focus CDC has taken to ensure funded HIV prevention activities move toward accomplishing the goals and objectives of the National HIV/AIDS Strategy. To comply with new funding reductions and requirements, the Kansas HIV Prevention Program is working to ensure prevention funding and activities are focused in the geographic areas of the state with the highest HIV prevalence and incidence and among the populations most affected by HIV. The HIV Prevention Program has realigned program activities to focus on the four CDC-specified core prevention activities of HIV testing: prevention with positives, condom distribution, and policy initiatives, while continuing to provide the required activities of jurisdictional prevention planning, technical assistance and program monitoring and evaluation. Specifically, the HIV Prevention Program is working to ensure that HIV testing sites achieve at least a 0.1 percent HIV positivity rate in healthcare settings and at least a 1.0 percent HIV positivity rate in non-healthcare settings in order to receive funding.

*These activities tie into the department's strategic map in the following areas: prioritizing and coordinating core programs/functions; supporting policy development and implementation; strengthening statewide health and environment infrastructure; demonstrating the value the department provides to the public; strengthening organizational efficiency; and strengthening organizational effectiveness.*

Goals for 2013 include increasing the positivity rate for all funded and supported HIV testing sites, both in healthcare and non-healthcare settings, while reaching populations at risk for HIV infection; continuing to provide the effective interventions of partner services and comprehensive risk counseling and services to HIV-positive clients to decrease HIV transmission rates; improving condom distribution networks to reach the most at-risk populations; and developing effective policy initiatives to help Kansas meet the goals of the National HIV/AIDS Strategy.

HIV Counseling, Testing and Linkage program (CTL) continued to support testing efforts which reach the highest-risk populations in a variety of healthcare and non-healthcare settings across the state including local health departments, community-based organizations, and other community settings. CTL successes include the continued integration of syphilis and HIV testing and offering opt-out HIV testing.

In July, the CTL program began the transition to EvaluationWeb® from the PEMS (Program Evaluation and Monitoring System) provided by the CDC. EvaluationWeb® is a web-based system that brings a number of advantages, including a high level of user-friendliness with very little training needed, real-time access to HIV testing data, easily generated and user-defined reports, and substantial technical support. The new system provides an improvement in timeliness of access to data reporting since it provides the ability for contracted sites to do direct data entry rather than submitting paper forms to the state for processing and allows the sites to generate their own site specific reports and also for program monitoring tasks. Additionally, the CTL Program continues to collaborate with the KDHE Bureau of Family Health Title X Family Planning Program by supporting the integration of opt-out HIV testing, encouraging routine testing during initial or annual family planning visits.

The 2012 CTL accomplishments fall under the category of prioritizing and coordinating core program functions process in the department strategic plan. CTL is essential in identifying HIV across Kansas. Future goals of the CTL program align with the demonstration of value that KDHE provides to the public and include reviewing the current policy and procedure manuals, re-evaluating the current inventory and documentation process of rapid testing, documenting critical processes including rapid test training with the Clinical Laboratory Improvement staff to increase program productivity, effectiveness and quality with the rapid testing Kansas provides.

The Ryan White Part B Program and the HIV Prevention Program partnered with the Community Planning Group and the HIV Prevention Planning Group in the successful merger of these two separate planning groups into one organization: the Kansas Advisory Council on HIV/AIDS (KACHA). The mission of KACHA is to develop and coordinate an effective, ongoing, and comprehensive HIV plan for the state of Kansas to ensure that the goals of the National HIV/AIDS Strategy are achieved. This merger required the development of new by-laws, committees, and standard operating procedures, among other processes. This merger would not have been successful without the contributions of time and other resources from HIV stakeholders throughout the state. This accomplishment ties to the department strategic map by helping to Strengthen Effective Program Coordination Statewide and Creating the Infrastructure Needed for Exchange of Data and Information.

The Ryan White Part B Program completed their Statewide Coordinated Statement of Need (SCSN) during 2012. This planning document is completed every three years and serves as a collaborative mechanism to identify and address significant HIV care issues related to those living with HIV/AIDS and to maximize linkages across all Ryan White programs in Kansas. The information gathered from the SCSN will assist the Part B program in developing steps to better meet the needs of clients who access the program. This accomplishment ties to the department strategic map by Enhancing the Capacity to Identify, Collect and Analyze Data, Focusing on Customer Service in the Program and Reviewing Effectiveness and Efficiency of Current Program.

Throughout 2012, the KDHE Viral Hepatitis Prevention Program has concentrated programmatic efforts in the areas of program collaboration and service integration, professional training, evaluation and re-alignment of program priorities, and integrated provider capacity building opportunities. These areas of focus align with the department strategic map within the following priorities:

*Demonstrate the Value KDHE Provides to the Public*—The Viral Hepatitis Prevention Program established collaboration with the HIV Ryan White Program and was able to provide bi-annual viral hepatitis specific training webinars to all HIV Medical Case Management providers within the State of Kansas. Additionally, the Viral Hepatitis Prevention Program continued to work closely with the HIV and STD programs to offer educational opportunities to 101 health department and community healthcare providers. Additionally, the

Viral Hepatitis Prevention Program collaborated with other states and capacity-building centers to provide capacity-building opportunities through several workshops and conferences.

*Strengthen Statewide Health and Environment Infrastructure*—The Viral Hepatitis Prevention Program furthered the agenda of Program Collaboration and Service Integration (a Centers for Disease Control and Prevention priority) by successfully advocating for viral hepatitis representation within the Kansas Advisory Council on HIV/AIDS.

*Strengthen Organizational Effectiveness*—The Viral Hepatitis Prevention Program has fostered relationships with the Department of Corrections and the Kansas Department for Aging and Disability Services in order to strengthen future viral hepatitis and HIV prevention programming.

Personal Responsibility Education Program served a total of 450 youth through our three sub-awardees (Sedgwick County Health Department, Johnson County Health Department, and Wyandotte County Health Department). These youth received one of three interventions (Making A Difference, Reducing the Risk or Rykers Health Advocacy Program) designed to increase healthy behaviors and decrease sexual health issues. During 2012, PREP Program sub-awardees have been collecting a comprehensive amount of data in the EpiTrax by TriSano system. Data is being collected on an individual level as well as aggregate level in an attempt to measure efficacy of behavior change, educational efforts, as well as number of adolescents reached. This data will begin to be analyzed twice per year beginning in January of 2013.

Sexually Transmitted Disease Program piloted the new "EpiTrax by TriSano" integrated disease surveillance system in early February to assist in early detection and correction of bugs in the system prior to the statewide launch. STD Program staff spent a significant amount of time troubleshooting the system to ensure a more fluid roll out for KDHE's local partners.

STD section detected and intervened in an early case of syphilis, resulting in the identification of 26 syphilis cases, primarily in North Central Kansas. Among the individuals identified as positive for syphilis was a pregnant woman. As a result of the investigation, she was treated for syphilis before birth to avoid fetal death or congenital syphilis complications.

The STD section initiated early communications with local partners in response to funding changes at the federal level. A proactive approach was taken once it was identified that funding previously available for STD testing would no longer be available as of January 2014. The STD Section acted to gauge interest in a single contract for testing services, combining the purchasing power of all local health partners combined in order to ensure the continued availability of clinical services for STDs across the state. In addition, the STD Section is participating in activities designed to assist our local partners in the expansion of their third-party billing efforts (again, in order to ensure the continued availability of clinical services for STDs across the state).

After submission of the STD section's 2013 FOA for funding, feedback from our CDC Project Officer included accolades of our Section's strategic program plan as well as instructions to share our program plan with other project areas.

STD section Behavioral Intervention Specialists have been trained on the "RESPECT" intervention designed to capitalize on the teachable moments during disease investigation. Our goal is to decrease risky behaviors, ultimately reducing the incidence of STDs in Kansas.

The TB Prevention and Control Program has worked with the Kansas Department of Corrections to provide

specific training to all medical staff on tuberculosis including general infection and disease knowledge, diagnostics, treatment and contact investigations. During the site visits to the statewide facilities to provide this education, an audit of current practices and facilities used for tuberculosis prevention and treatment has been conducted at each site assuring best practices are being followed.

The Kansas Tuberculosis Controller, Phil Griffin, was awarded the National TB Controller of the Year award at the National Tuberculosis Conference in June of 2012. This honor is awarded annually to a state or local TB Controller who has accomplished significant success at the local, state and national level toward the goal of tuberculosis elimination in the United States.

The TB Prevention and Control Program has been a national pace setter implementing the use of a new tuberculosis infection treatment regiment which offers shorted treatment for completion. This regiment requires only twelve weekly doses of antibiotic treatment as opposed to the standard nine month treatment more commonly used. Data from the implementation of this program is being compiled with other states using the new regiment by the Centers for Disease Control and Prevention to further assess the value of using this newly approved protocol to improve treatment completion compliance.

## **Bureau of Disease Control and Prevention**

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## Center for Health Equity

**T**he mission of the Center for Health Equity is to promote and improve the health status of all Kansans through shared leadership and collaboration across the public health system in order to reduce, and ultimately eliminate, identified and emerging health disparities among racial, ethnic, tribal and underserved populations.

Goals of the Center are: Strengthen Kansas' public health infrastructure/system to order to meet the health needs of racial/ethnic, tribal and underserved populations; Serve as a centralized source for information regarding the health of minorities and underserved populations as well as evidence-based, best practice strategies to address reduction of disparities among these populations; and Promote multi-sector collaboration with private, public and tribal sector partners that contribute to improved wellbeing of Kansas communities and sovereign nations by promoting equity and reducing health disparities

### Priority Issues

Identification, coordination, leveraging and communication about existing resources within the Division of Health to address reduction of health disparities.

Data collection strategies that characterizes disparities, analysis of data and dissemination of reports documenting health disparities to state, federal and community partners.

Education about the role of equity, social and economic determinants of health, and cultural competence in community health assessment

Integration of equity, social determinants and disparities in state-level strategic plans for health improvement

Public health workforce training to address disparities through cultural competency and health literacy training.

Representation and participation of the state of Kansas in initiatives and activities of the federal Office of Minority Health, Region VII Office of Minority Health, National Association of State Offices of Minority Health and other groups.

### 2012 CHE Accomplishments

Coordination and implementation of a statewide education campaign using online advertising to raise awareness of the seriousness of infant mortality in Kansas through partnership with the Kansas Blue Ribbon Panel on Infant Mortality. The campaign targeted the population at risk for infant mortality: young women under 24 years of age, single, with less than high school education regardless of race or ethnicity as well as the population at highest risk within this population, African American women. Additionally, two proclamations were signed by the Governor for SIDS Awareness Month and Prematurity Awareness Month.

Partnered with teams to provided the national Office of Minority Health Preconception Peer Educator (PPE) training program as a part of the statewide campaign to promote awareness of the issue of infant mortality. Approximately 75 students from Wichita State University, Washburn University and Kansas City Kansas

Community College were offered training for this year-long internship with Office of Minority Health. Participated as a member/facilitator/presenter in the following 2012 initiatives: Public health accreditation readiness and quality improvement (series of workshops with Center for Performance Management), National Public Health Performance Standards Assessment, Healthy Kansans 2020, agency data workgroup on health disparities and equity, Institutional Review Board (IRB), policy workgroup of the KDHE strategic planning process.

Established “Voices for Health Equity” Project – a public health storytelling website that will highlight community-level digital stories, photovoice, photo essays, and other media that support understanding of equity and disparities that are community defined.

Created the “Catalyst” – CHE’s first publication on hot topics in public health

Provided funds and recommendations to Kansas Public Health Leadership Institute (KPHLI) for capstone compendium chapter focused on health equity and health disparities as well as dialog session of alumni regarding the future direction of KPHLI.

Supported the Kansas African American Affairs Commission for facilitated town halls (3-D events) associated with the roll-out of the “State of African Americans in Kansas” report.

Provided support to the Kansas Hispanic and Latino American Affairs Commission for Hispanic health summits in Kansas City and Garden City as well as for newsletter production and distribution.

Served on planning committees for Asian Wellness Day (the largest health screening event for Asian community members in Kansas) and a colorectal screening campaign for Sedgwick County.

Began planning discussions with sovereign nations in Kansas on a Tribal Health Summit for 2013.

Began mini-teach sessions with KDHE staff on cultural competency issues with sovereign nations. The training is posted to KS-TRAIN.

Participated in National Partnership for Action Regional Health Equity Council for Region VII (Kansas, Iowa, Missouri, Nebraska)

## **Center for Health Equity**

### **Contact Information**

Phone: 785-296-0781

Or 316-337-6050

Website:

[www.healthequityks.org](http://www.healthequityks.org)

## Center for Performance Management

The mission of the Center for Performance Management (CPM) is to integrate performance management and quality improvement into daily public health and coordinate the agency's accreditation process. The goal of the National Public Health Improvement Initiative (NPHII) and the CPM is to facilitate the creation of performance management framework that promotes and provides delivery of the highest possible quality public health services. Implementing continuous quality improvement and tracking progress will serve to develop a strong, sustainable integrated Kansas public health system.

The outcomes of the Kansas NPHII project include:

- Improve the delivery and impact of the public health services provided by improving performance and tracking of programs through institutionalization and implementation of performance management.
- Foster the identification, dissemination and adoption of public health's best and most promising practices through trained public health workforce and community leaders that use policy and public health law to protect and improve public health.
- Build and improve networking, coordination, standardization and cross-jurisdictional cooperation in the delivery of seamless and coordinated services utilizing resources more efficiently through building and reengineering infrastructure maximizing cohesion across states' and communities' public health systems to ensure seamless and coordinated services for residents.
- Use and implement evidence-based public health practice through increase access to and adoption of best and promising practices for prevention and wellness, as well as business and organizational practices.
- Achieve accreditation through the Public Health Accreditation Board stimulating greater accountability and transparency to both internal and external stakeholders.

### 2012 CPM Accomplishments

The CPM is funded through the NPHII. This is a five-year project through the Office for State, Tribal, Local and Territorial Support (OSTLTS), Centers for Disease Control and Prevention (CDC) to target quality improvement (QI) and performance management (PM) in the public health system across the U.S. to help health departments develop methods and tools for data driven decision making and effective program management.

Second year activities of the CPM included:

Participated in Kansas Partnership for Improving Community Health (KanPICH), a collaborative partnership between the KDHE, the Kansas Hospital Association, the Kansas Association for the Medically Underserved, the Kansas Association of Local Health Departments and the Kansas Health Institute. The KanPICH is a subgroup of the Public Health Systems Group comprised of key partners and stakeholders working on improving the Kansas public health system through system transformation.

Assisted in implementation and tracking of the agency's strategic plan activities with members of the agency's strategic planning workgroups. In collaboration with the Office of Communications, a summary report of the development of the organizational strategic plan and first-year implementation was developed and will be available to internal and external stakeholders by January 2013.

Collaborated with the Center for Health Equity to plan and conduct a workshop for internal and external partners on equity, social determinants and disparities. The one-day strategy workshop was held November 2011 and was facilitated by the Prevention Institute, a nonprofit, national center dedicated to improving community health and well-being, a summary report with recommendations for embedding prevention and equity measures into the agency's action plans across multiple sectors at the community and state-level. The report was shared with both internal and external stakeholders. The plan will continue to be consulted for the agency's strategic planning, addressing cross-cutting health indicators and strategies identified in the Healthy Kansans 2020 process, and ongoing training.

Collaboratively planned and developed the *Kansas Health Matters* website with KanPICH. The Kansas Health Foundation provided funding for this project. The new website is intended to help hospitals, health departments, policy makers, community planners and members learn about issues, identify improvements and collaborate for positive change <http://www.kansashealthmatters.org/>.

Collaborated with selected KanPICH members and agency communications staff to develop and implement a *Kansas Health Matters* Communication Awareness Campaign that includes marketing strategies targeting educational, health and other partner organizations. The purpose was to inform stakeholders and other interested audiences that may find a "one stop source of non-biased data and information about community health in Kansas" useful.

Facilitate an evaluation of the first-year implementation of the *Kansas Health Matters* website by the Kansas Health Institute. The findings will be used to improve the website and develop a sustainability plan for ongoing licensing of this Kansas community and state-level data and information resource beginning January 2014. The final report was available in December 2012.

Served as a graduate-level clinical site for the University of Kansas School of Nursing spring 2012.

Designed and implemented the Center for Performance Management website <http://www.kdheks.gov/cpm/index.htm> April 2012 for use by both internal and external users. The content of the website provides information and resources for quality improvement and public health accreditation and is updated quarterly with a "Quality Improvement (QI) Quick Tip" which provides additional resources to improve services at the state and local-levels.

Presented on quality improvement, accreditation readiness and strategic planning at the following conferences/meetings: Three sessions of the April 2012 Governor's Public Health, Wichita; and One session October 2012 Kansas Public Health Association Fall Conference, Topeka.

Presented as an invited speaker at the April 2012 National Public Health Improvement Initiative Grantee Meeting in Atlanta, Georgia. The presentation was developed in collaboration with the director and staff of the agency's Office of Communication and highlighted the agency's use of social media for outreach to the public.

Planned, coordinated and implemented Public Health Accreditation training for the agency Executive Team and staff. Staff were selected and prepared to serve on the agency Accreditation Team. Accreditation readiness activities are being implemented throughout the agency in early 2013.

Planned, coordinated, and implemented training for the agency Executive Team and staff on Quality Improvement (QI) provided by the Public Health Foundation. Four teams from across the agency applied for *WeKanQI* training. Agency teams included participants from programs in the Kansas Health and

Environmental Laboratories, the Bureau of Health Promotion, the Bureau of Community Health Systems, and the Bureau of Disease Control and Prevention. Teams identified projects to apply QI tools and methods with the goal of strengthening the services provided to both internal and external customers. Members of the teams will assist in developing the agency's QI Plan and provide technical assistance in their respective Bureaus, as well as serve as advisors to other programs as needed. These projects will be completed mid-2013.

Coordinated planning for conducting the National Public Health Performance Standards Program (NPHPSP) State Assessment <http://www.cdc.gov/nphpsp/index.html> with staff from the agency's three Divisions and the Association of State and Territorial Health Officials. The NPHPSP assessment was conducted November 1-2, 2012, with both internal and external groups to assess the Kansas public health system comprised of public and private organizations, volunteer organizations and other entities interested in assuring there is a coordinated, effective public health system at the community and state-level. Summary reports from both assessments will be available in early 2013 and will be used to inform the agency's second year strategic planning, the State Health Improvement Plan, and the ongoing work of other partners addressing health in Kansas.

Provided resources, including funding and guidance, to key partners working to strengthen the Kansas public health system. Projects and activities included: Enhancement of the Kansas Information for Communities, an integral component of the data found on the Kansas Health Matters website; Development and delivery of training on Instructional Design (ID) through KS-TRAIN, the learning management system coordinated by the agency. The ID training goal was to improve the effectiveness of training developed and delivered by agency staff both internally and externally. External partners were invited and participated in the training. Seven online courses were developed since the training utilizing ID techniques learned; Evidence-based public health practice training to local health departments by the Bureau of Health Promotion; and Assistance with the Healthy Kansans 2020 process coordinated by the Bureau of Health Promotion.

## **Center for Performance Management**

### **Contact Information**

Phone: 785-296-1418

Website:

[www.kdheks.gov/cpm](http://www.kdheks.gov/cpm)



# Division of Environment

**T**he mission of the Division of Environment is to protect the public health and environment for Kansas. To implement this mission, the Division of Environment has adopted the following goals:

Assurance - Implement environmental programs in Kansas to achieve regulatory compliance and maintain assurance that environmental programs are protective of public health and the environment.

Policy Development - Be responsive to the needs and inquiries of the citizens of Kansas and the regulated community with respect to environmental programs.

Assessment - Provide citizens of the state with accurate assessments of the environmental conditions of the state.

In order to fulfill this mission and meet these goals, the Division of Environment has developed and implemented regulatory, compliance assistance, monitoring and educational programs within each of the bureaus and the division as a whole.

## **Division of Environment is responsible for:**

Conducting regulatory programs for public water supplies, industrial discharges, wastewater treatment systems, solid waste landfills, hazardous waste, air emissions, refined petroleum storage tanks and others

Administering programs to remediate contamination and evaluate environmental conditions across the state

Ensuring compliance with federal and state environmental laws

Providing laboratory data in support of public health and certifying the quality of Kansas laboratories.

Providing scientific analysis to help diagnose and prevent diseases

Providing laboratory test results to help guard public drinking water, ambient air and surface/groundwater quality

## Bureau of Air

**T**he mission of the Bureau of Air (BOA) is to protect the public and the environment from air pollution. The bureau's goals address issues commonly known to cause potential harm to public health and the environment, and threaten economic stability. The efforts of the BOA to conserve air quality, control air pollution and protect the public health begin by providing quality customer service.

**Air Compliance & Enforcement Section** is responsible for determining compliance and, if needed, issuing enforcement actions due to non-compliance. Depending on the type and quantity of emissions, sources are required to obtain permits and conduct activities such as testing, monitoring, recordkeeping and reporting to demonstrate compliance. Staff uses a combination of inspections, performance test evaluations, report reviews, technical assistance and enforcement actions to ensure facilities comply with applicable air quality regulations and permits.

**Air Permitting Section** is responsible for reviewing air quality permit applications and issuing permits for air emissions in accordance with state and federal air quality regulations. Air quality control permits are issued with the goals of conserving air quality, controlling air pollution and providing quality service to customers.

**Air Monitoring and Planning Section** administers the air monitoring and modeling program and the emissions inventory program. In cooperation with three local agencies, section staff operate an air monitoring network, which provides air quality data from 30 sites around the state. The monitoring data is analyzed to determine compliance with national ambient air quality standards and to evaluate air quality trends. Other activities include providing outreach on air quality improvement and management of the diesel emission reduction grants.

### 2012 BOA Accomplishments

Issuance of more than 1,000 Air Construction Permit Documents that allow Kansas companies to build new or expand existing facilities. This is a 170% increase over the number issued in 2011.

Distribution of grants through the Kansas Clean Diesel Program designed to reduce the emissions of diesel vehicles. Six schools received grants of \$36,000 each to replace existing buses with reduced emission models.

Continued implementation of the Flint Hills Smoke Management Plan. BOA sought an exceptional event flag for high ozone levels which occurred for several days in April, 2011 and EPA approved. Those days will not be considered when determining whether Wichita and Kansas City meet the national air quality standards.

## Bureau of Air

### Contact Information

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Website:

[www.kdheks.gov/bar](http://www.kdheks.gov/bar)

## Bureau of Environmental Field Services

**T**he Bureau of Environmental Field Services (BEFS) provides service to the public through regulatory and compliance efforts, complaint and emergency response, environmental monitoring and assessment, and pollution prevention efforts. This bureau often serves as the public's first point of contact for environmental investigation and assistance. BEFS maintains a central office in Topeka as well as six district offices, located in Chanute, Dodge City (with a satellite office in Ulysses), Hays, Lawrence, Wichita and Salina.

The activities of the bureau directly support the division's air, water, waste management and storage tank regulatory programs.

### **2012 BEFS Accomplishments**

The accomplishments of BEFS district office staff were substantial and demonstrate their commitment to working efficiently and effectively to protect public health and the environment. Collectively, district staff completed:

*364 public water supply inspections*

*375 wastewater treatment plant inspections*

*609 air emission source inspections*

*287 open burn site inspections*

*959 confined animal feeding facility inspections*

*269 hazardous waste generator inspections*

*636 solid waste facility inspections*

*1,666 underground petroleum storage tank inspections*

*1,067 remediation site visits*

*546 complaint investigations*

In addition, district staff provided on-going technical support to county health departments and other local agencies through the Local Environmental Protection Program and Watershed Restoration and Protection Strategy Program; provided oversight of containment and recovery efforts at spill sites; collected weekly samples during the recreation season in support of the agency's Harmful Algae Bloom Policy; and delivered technical assistance on a daily basis.

The bureau contracted with Kansas State University's Pollution Prevention Institute (PPI) for the Small Business Environmental Assistance Program and the Pollution Prevention (P2) Program. Under these two programs, PPI provided technical assistance via hotline and e-mail to over 570 requests and also performed approximately 53 on-site visits for technical assistance. In addition to the technical assistance, PPI hosted webinars, workshops and seminars on air quality and water quality topics and continued with a P2 intern program in which students are placed at a facility for a summer internship for the purpose of researching and implementing pollution prevention and energy efficiency projects.

The bureau hosted the 2012 Kansas Environmental Conference in August in Wichita. The goal of the conference was to provide businesses, community leaders, consultants and the public with an understanding of new regulations, current trends in environmental quality, new technologies, and advantages of pollution prevention. Approximately 400 people attended the conference.

BEFS responds to emergencies and natural disasters, assisting city and county response when needed. During 2012, such emergencies included a series of tornados that struck Wichita and other central Kansas cities during April. The bureau provided technical assistance, public information, and oversight during this and other emergencies.

## **Bureau of Environmental Field Services**

### **Contact Information**

Phone: 785-296-6603

Website:

[www.kdheks.gov/befs](http://www.kdheks.gov/befs)

Small Business / Community Support  
785-296-6603

Northeast District, Lawrence 785-842-4600

North Central District, Salina 785-827-9639

Northwest District, Hays 785-625-5663

Southeast District, Chanute 620-431-2390

South Central District, Wichita 316-337-6020

Southwest District, Dodge City 620-225-0596

# Bureau of Environmental Remediation

**T**he Bureau of Environmental Remediation (BER) works to protect and preserve our state's water supply, both groundwater and surface water, as well as the health and welfare of Kansans, from the effects of environmental contamination. The bureau houses a number of programs whose primary function is to identify, investigate and remediate contaminated areas of the state. The bureau provides a framework of policies and quality assurance and quality control procedures to insure collection of consistent reliable data. Important elements of the framework are consistent cleanup standards and priority ranking systems used to ensure that limited resources are focused on the sites that pose the greatest risk to the general public.

Contaminated sites are referred to the bureau through a variety of mechanisms, including environmental audits, spill reporting, self-reporting of contamination, referrals from U.S. Environmental Protection Agency or other government agencies, routine sampling of water supply wells or complaints from the public. Threatened or impacted drinking water supplies are of primary concern and consequently receive high priority to protect and restore safe drinking water supplies.

**Assessment and Restoration Section** is responsible for tracking and clean-up at emergency spill response sites; administration of the Drycleaning Facility Release Trust Fund; state oversight of U.S. EPA National Priorities List "Superfund" sites; state oversight of U.S. Department of Defense sites and implementing natural resource damage and assessment activities.

**Remedial Section** is responsible for assessment, investigation, cleanup, monitoring and long-term stewardship of contaminated sites throughout Kansas. The programs include the Site Assessment program, State Cooperative program, Voluntary Cleanup and Property Redevelopment program, Brownfields program, State Orphan Sites program and the Environmental Use Control program .

**Storage Tank Section** is responsible for the enforcement of state and federal storage tank regulations designed to prevent releases of petroleum and hazardous substances from storage tanks and for corrective action at petroleum storage tank release sites. The section administers the Underground Storage Tank (UST) and Aboveground Storage Tank (AST) Release Trust Funds which provide tank owners and operators with a financial mechanism to address releases of petroleum from their storage tanks. The programs are funded through a \$0.01 tax per gallon of fuel sold in the state.

**Surface Mining Section** consists of three basic programs; the Administration and Enforcement Program is responsible for issuing of new coal mining permits, inspecting active permitted coal mines, and enforcing regulations pertaining to active coal mining operations; the Abandoned Mine Land (AML) Program reclaims hazards associated with coal mines abandoned prior to the passage of PL 95-87; and the Emergency Program which abates coal mining related hazards that have an immediate and imminent impact on the health and safety of the public.

## 2012 BER Accomplishments

The State Brownfields program cleared more than 225 acres across the state for redevelopment and reuse during the 2012 calendar year. The Program provided assistance to numerous municipalities and non-profit

organizations by performing 36 Phase I and 20 Phase II environmental assessments. Brownfields assessments provided by the State Brownfields program determine the environmental condition of the property at no cost to an eligible property owner and are performed before a prospective purchaser takes title to the property and satisfy the federal due diligence requirements. These assessments are vital in promoting economic growth by finding underutilized properties that can be redeveloped. The program also entered into an Intergovernmental Agreement with the Kickapoo Tribe to provide assistance in an advisory capacity to help the Kickapoo Tribe establish a viable brownfields program for their nation.

State Water Plan Program completed two remediation projects: one at the former American Spelter site in Pittsburg, and one at the former Scammon Smelter in Scammon. The American Spelter site had 3,397 cubic yards of waste material containing high levels of lead, cadmium, zinc and arsenic, moved from a residential area to a consolidation cell. The Scammon Smelter site had 13,941 cubic yards of waste material containing similar contaminants, moved to a consolidation cell. At both sites, the wastes were placed into above-grade consolidation cells on low permeability clay. Revegetation was performed for the consolidation cells and excavated areas throughout both sites. Wetlands are being restored through mitigation at the Scammon Smelter site. Environmental Use Controls have been placed on both consolidation cells.

State Cooperative Program actively manages 266 sites across the State, which are contaminated or threatened by environmental contamination resulting from releases of hazardous substances and other pollutants. To ensure the safety and welfare of people in Kansas and to protect or remediate critical natural resources of the State, 27 cleanups were initiated in 2012. The program endeavors to provide safe drinking water supplies to private water well owners and to public water supplies which are contaminated. In 2012, alternate safe drinking water supplies were provided to 29 residences.

Environmental Use Control (EUC) Program currently manages 173 participating sites. Institutional controls placed prior to the inception of the Environmental Use Control Program in 2003 are recorded on 41 of the 173 sites. KDHE is responsible for oversight, management and tracking of these 41 sites through a federal grant with EPA. Environmental Use Control Agreements, as a result of the statute, were issued and recorded on 132 of the 173 sites. Similarly to the Voluntary Cleanup Program, the EUC Program often gets tasked with expediting the process to assist with time-driven property transactions. The program has received 26 applications in 2012, which constitutes a 30 percent increase in applications as compared to 2011 and has completed 25 Environmental Use Control Agreements. Staff have also inspected 41 properties with Environmental Use Controls and completed tracking on all 173 sites as required by the statute. Information on properties with Environmental Use Controls is available to the public on KDHE's website.

Voluntary Cleanup and Property Redevelopment Program has executed more than 600 voluntary agreements since the program's inception in 1997 and currently manages 356 active participating sites. The Program gets numerous requests to expedite projects because of an impending property transaction or construction of a new business. To date, the Program has issued 230 No Further Action letters to property owners and cleared approximately 2,500 acres of property for reuse/redevelopment.

Storage Tank Program operated 185 remedial systems to protect Public Water Supply (PWS) wells and aquifers from petroleum releases at tank sites. Treatment systems on PWS wells continued to operate in the cities of Colby, Hanston, Hays, LaCrosse, Manhattan, Miltonvale, Moscow, Park City, Salina, Satanta, Scott City and White City. Remediation of groundwater in the City of Park was completed and the PWS treatment system was able to be taken offline in April. The program provided emergency responses to curtail acute petroleum releases affecting utilities, businesses and homes in the cities of Lebo, Chanute, Parsons, Atchison, Hiawatha and Lawrence. The program began operating a new trust fund aimed at encouraging redevelopment of former gas station properties by providing financial assistance to property owners for the



removal of abandoned USTs.

Surface Mining Section (SMS) Abandoned Mine Land (AML) Program began remediating the hazards associated with the Sportsmen's Pits AML Project and the Sportsmen's Pit Road AML Project. The Sportsmen's Pits Projects will remediate Priority 2 highwall hazards associated with past coal mining along 9,650 feet of interior roads used by the public and Sportsman Pits Association in Cherokee County. The project will alleviate the Priority 2 highwall hazard along 2,800 feet of NW 70<sup>th</sup> Street in Cherokee County. Also in 2012 the AML Program completed the remediation of the hazards associated with the Whitmore Pits AML Project and the Star Valley Road AML Project. The projects remediated Priority 2 highwall hazards associated with past coal mining along 4,670 linear feet of South 180<sup>th</sup> Street and within Kansas Department of Wildlife, Parks and Tourism (KDWP) Mine Land Wildlife Areas 7 and 8 in Crawford County and 2,708 linear feet of Priority 2 dangerous highwalls along NW Star Valley Road in Cherokee County. Vertical openings associated with 86 past coal mining sites and 8 past lead and zinc mining sites were capped to abate the hazards. Emergency investigations were performed at 71 sites, resulting in abatement of 31 emergencies. The Emergency Program in conjunction with the AML Program completed work on stabilizing an area of subsidence beneath the residence at 204 S. Olive in Pittsburg. The subsidence had created structural damage to the foundation of the structure and left the structure uninhabitable. To abate the hazard, all the utilities were disconnected, the house was moved from its structurally weakened foundation, a new basement foundation was placed under the structure that met the Pittsburg city building codes, the house was moved back on top of and attached to the new foundation, and then all the utilities were reconnected.

Assessment and Restoration Section worked with the Treece Relocation Assistance Trust, a State Public Trust, using federal and state funding to provide relocation assistance to citizens in and around Treece. Treece is a town on the Oklahoma border where much of the town had been undermined and contaminated from historical lead, cadmium and zinc mining operations. Owners of property in this area typically were not able to secure financing due to environmental conditions and many could not afford to move to safer areas. Remediation of the mining waste in the area is ongoing and expected to take up to 15 years in Kansas and 40 years in Oklahoma. This relocation project provided the citizens an opportunity to relocate out of the area.

Drycleaning Remediation Program and stakeholders were able to complete expedited soil assessment and remediation activities at a former dry cleaning facility in Overland Park. The site was awaiting corrective action funding from the Drycleaning Facility Release Trust Fund and the expedited corrective actions were performed in a time frame that allowed property redevelopment to be completed as desired. KDHE was able to help future occupants understand and accept potential corrective actions that will occur at the site and that these activities will be performed to minimize impact to their businesses.

Drycleaning Remediation Program assigned "closed" site status to five sites in 2012 based upon the completion of site remedial activities and soil and groundwater monitoring analytical results. The Drycleaner Program requires at least three years of groundwater data exhibiting contaminant concentrations below their established Maximum Contaminant Levels (MCLs) before closing a site. Two of the drycleaner facilities were located in Derby, two in Hutchinson, and one in Manhattan. The Program is still actively remediating 20 sites and collecting assessment data at 22 sites across the State. Long-term groundwater monitoring is also being performed at 33 current or former drycleaner sites. A total of 133 active sites are currently enrolled in the Program across the State.

The Superfund Program is actively working on eight sites with the U.S. Environmental Protection Agency through the Management Assistance Cooperative Agreement (MACA). These sites include former industrial sites, chrome plating sites, non-permitted landfills and former mining and/or smelter sites.

BER provided 24-hour spill response coverage for the Division of Environment and took in 637 spill reports with 211 sites visited by agency staff. Nine spills required additional assessment and long-term remediation. Included were two mercury spills that required agency response.

The Federal Facilities Program currently oversees Department of Defense (DoD) environmental investigation and remediation at 41 sites per the 2012-2014 Defense-State Memorandum of Agreement (DSMOA). Included among these sites are large, active military bases as well as Formerly Used Defense Sites (FUDS) which mostly date back to the World War II era. Some of the more pressing issues being addressed at these sites include releases of hazardous substances to groundwater and soil, and munitions and explosives that remain from production and training activities. The oversight provided by Federal Facilities Program staff helps ensure that DoD environmental restoration activities are protective of the health of the citizens of Kansas and of our environment through compliance with applicable statutes and regulations. In addition, removal of existing environmental encumbrances from FUDS can benefit property owners and local economies through enhanced property values.

## **Bureau of Environmental Remediation**

### **Contact Information**

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## Bureau of Waste Management

The mission of the Bureau of Waste Management (BWM) is to minimize the health and environmental impacts associated with the generation, storage, transportation, treatment and disposal of all solid and hazardous waste in Kansas. The bureau combines traditional regulatory activities such as permitting and inspections with technical and financial assistance. Conferences, workshops and technical newsletters target businesses and local governments that generate or manage waste at landfills, transfer stations, incinerators, processing facilities, compost sites, recycling centers and commercial hazardous waste facilities. Solid waste grant programs provide financial aid to stimulate recycling, e-waste collection, composting and household hazardous waste collection. The bureau also administers the “Kansas Don’t Spoil It” public education campaign and other outreach initiatives to increase awareness and provide guidance on proper waste management practices.

**Solid Waste Permits Section** administers a broad permit program to ensure that all solid waste facilities are operated in a manner that protects human health and the environment. Over 500 active permits have been issued to the following types of facilities: composting, construction/demolition landfills, household hazardous waste collection centers, incinerators, industrial landfills, landfarms, medical waste processors, mobile tire processors, municipal solid waste landfills, solid waste processors, tire collection centers, tire monofills, tire processing facilities, tire transporters and transfer stations. This section also oversees the county solid waste planning process, landfill gas recovery systems, beneficial use applications for various waste types, and requests for solid waste disposal without a permit in accordance with statutory provisions.

**Hazardous Waste Permits Section** is responsible for administering the federal Resource Conservation and Recovery Act (RCRA) Subtitle C permit program and other enforceable orders and agreements related to the storage and treatment of hazardous wastes. This includes overseeing hazardous waste combustion in two cement kilns (one closed during 2012) and remedial work at Kansas businesses that presently manage hazardous waste, or did so in the past. This section also oversees certain aspects of the management of polychlorinated biphenyl (PCB) waste in Kansas. The work of this section is expanding to assume additional responsibility related to the administration of the RCRA Corrective Action program which oversees the clean-up of hazardous constituent releases at facilities that presently or formerly managed hazardous waste.

**Compliance Assistance & Enforcement Unit** administers an enforcement program that ensures that all generators and handlers of solid and hazardous waste comply with applicable laws and regulations. The unit uses a balance of traditional enforcement and technical assistance tools to accomplish this goal including annual workshops held throughout the state for hazardous waste generators. The unit encourages hazardous waste generators to participate in a voluntary “compliance assistance visit” program where KDHE staff carry out facility audits outside of the normal inspection process to help ensure compliance with applicable requirements. It administers the tire retailer inspection program to ensure that all retailers are properly managing the tires they generate.

**Waste Reduction, Public Education and Grants Unit** administers multiple non-regulatory programs and two dump clean-up programs all designed to improve waste management in Kansas or correct problems resulting from illegal dumping or old dump erosion. Most programs administered by this unit provide financial

assistance to local governments and schools to address waste management needs. *Green Schools* grants provide help to schools to implement recycling and composting programs. Waste tire product grants subsidize the purchase of products made from recycled waste tires.

Local governments can receive financial assistance toward the proper disposal of collected e-waste collection and waste tires removed from the environment. The unit also provides assistance to cities and counties that partner with the state to clean-up illegally dumped waste and to repair old city dumps.

Public education and awareness efforts include the “Kansas Don’t Spoil It” program, the “Get Caught Recycling” program, the “Green Schools” initiative, and the “Green Guide” which is a biweekly electronic newsletter containing various environmental guidelines and tips. This unit coordinates waste reduction activities with state, regional and national organizations and sponsors the annual WORKS! Conference related to waste reduction and energy recovery from wastes.

### **2012 BWM Accomplishments**

The bureau worked with local and state representatives as well as private businesses to guide the collection and disposal of debris associated with the Harveyville and Wichita tornados. The bureau also continued to oversee the disposal of Joplin tornado debris which extend throughout much of fiscal year 2012.

The bureau awarded 26 “Green Schools” grants totaling \$68,700 to help and encourage K-12 schools to implement or expand in-school recycling and composting programs. The bureau also awarded 47 grants totaling \$376,000 to K-12 schools and local governments to assist in the purchase of products made from recycled waste tires including ground rubber playground cover, park benches, picnic tables and even a school track.

The bureau worked with the Kansas Corporation Commission to develop a regulatory framework for managing oil and gas drilling waste through a new land-spreading process. The steps in this process included legislation to establish new disposal authority, the development of an online application process, the development of a agreement between KCC and KDHE regarding program implementation, and many meetings with interested parties to ensure that the best available information was used to develop best management practices and associated regulations.

BWM continues to provide education and training to operators of solid waste facilities of all kinds through the annual WORKS Conference held in Dodge City and through the annual SWANA Operators Training Course held in Wichita. In 2012, nearly 500 people attended these two training events.

In cooperation with the Board of Pharmacy, the bureau developed a new drug take-back program, called the Kansas Medication Disposal Program, in which the public can bring unwanted drugs to pharmacies and household hazardous waste facilities. This program is designed to minimize the potential for drugs to be misused and to provide an environmentally sound method of disposal. This is a voluntary program where pharmacies register online to participate and follow best management practices developed by KDHE.

The bureau developed new public education materials related to various waste management issues which are available for review on online via the bureau’s webpage. They include videos and slideshow that inform the public about many timely issues including recycling, composting, household hazardous waste collection, tornado clean-up, and hazardous waste storage requirements.

BWM continued to expand the liquids disposal program at certain qualifying municipal solid waste landfills. This program, which required approval from the U.S. EPA, allows the bureau to approve of the disposal of hard-to-manage liquid wastes, which has several benefits including enhanced biodegradation and stability of the entire waste mass, more recoverable methane gas generation, added revenue for the landfill and improved waste settling increasing landfill capacity.

## **Bureau of Waste Management**

### **Contact Information**

Phone: 785-296-1600

Website:

[www.kdheks.gov/waste](http://www.kdheks.gov/waste)

[www.kansasdontspoilit.com](http://www.kansasdontspoilit.com)

## Bureau of Water

The mission of the Bureau of Water (BOW) is to protect and improve the health and environment of Kansas through effective management of water quality in waters of the state. BOW is responsible for carrying out both state water and wastewater programs as well as administering programs under the federal Clean Water Act and Safe Drinking Water Act. The various program activities include: permitting wastewater discharges; ensuring public water supplies provide safe, clean drinking water; water well construction; underground injection control; infrastructure financial assistance; livestock waste management; nonpoint source pollution control; training for water and wastewater plant operators; establishing surface water quality standards; monitoring surface water quality; and developing total maximum daily load criteria. These programs support the KDHE and Division of Environment missions of protecting public health and the environment for Kansans.

**Administrative Section (AS)** provides engineering and operational surveillance of wastewater facilities, carries out a compliance and enforcement program, implements the statewide water and wastewater operator training and certification program, and issues permits for new or expanded systems. AS coordinates with the Bureau of Environmental Field Services to provide technical assistance and education to drinking water suppliers and wastewater treatment operators.

**Geology Section** administers the Underground Injection Control (UIC), the Underground Hydrocarbon and Natural Gas Storage, Water Well Licensing, and Water Well Construction and Abandonment programs. The Geology Section also provides hydro-geologic and technical support for other BOW programs.

**Industrial Programs Section** administers regulatory permitting programs for the handling, treatment and disposal of industrial wastewater; the pretreatment of industrial wastes directed to municipal wastewater collection and treatment systems and the quality of stormwater runoff associated with industrial or construction-related activities subject to federal Clean Water Act provisions or Kansas surface water quality standards.

**Livestock Waste Management Section** works to protect the waters of the state by educating and assisting the regulated community, reviewing and issuing livestock waste management permits and ensuring compliance with applicable statutes, regulations and permitting requirements.

**Municipal Programs Section** provides technical review and engineering approval of design plans and specifications for municipal and commercial wastewater collection and treatment systems and administers the Kansas Water Pollution Control Revolving Fund to provide low-interest loans to municipalities for wastewater system improvements. MPS coordinates with the bureau's Administrative Section in the development and reissuance of nearly 1,000 commercial and municipal permits for existing and new wastewater treatment systems and larger municipal stormwater systems.

**Public Water Supply Section** is charged with regulating all public water supply (PWS) systems in the state and assisting them in providing safe and potable water to the people of Kansas. The section oversees in excess of 1,000 public water supply systems, including municipalities, rural water districts and privately



owned systems. These systems may serve small communities of several families, to a city of more than 300,000 people.

**Watershed Management Section** implements the Kansas Nonpoint Source Management plan designed to eliminate or minimize pollution that does not come from the end of a pipe. The section implements Section 319 of the Clean Water Act, 401 and 404 Water Quality Certification Program, Source Water Protection Planning, Local Environmental Protection Program and the Watershed Restoration and Protection Strategy Program. These programs develop strategies, management plans; local environmental protection plans and county environmental codes intended to control nonpoint source pollution.

**Watershed Planning, Monitoring and Assessment Section** is primarily responsible for implementing Sections 303 and 305 of the Clean Water Act and for monitoring surface water quality. The section is responsible for setting surface water quality standards; identifying and prioritizing impaired streams, lakes and wetlands and for developing total maximum daily load (TMDL) criteria for high-priority water bodies as required by the Act. The section is also responsible for sampling and analyzing water quality data from lakes, streams and rivers throughout the state.

### **2012 BOW Accomplishments**

The Kansas Water Pollution Control Revolving Loan fund and Drinking Water Revolving Loan fund passed the \$1.5 billion mark in loans made to Kansas utilities. These programs provide low interest loans to municipal drinking water and wastewater infrastructure projects.

BOW coordinated development of the State Nutrient Reduction Framework that was signed by the departments of Health and Environment; Agriculture; Wildlife, Parks and Tourism, and the Kansas Water Office. The Framework builds on the State's existing Nutrient Reduction Strategy.

The overall compliance rate for wastewater dischargers is over 94 percent. Drinking water compliance rates indicate 95 percent of the population received drinking water from systems without any violations.

Worked with the Kansas Geological Survey through a contract that resulted in the deployment of a web-based system for the submittal of water well records by KDHE licensed water well contractors. At this time approximately 30 water well contractors have signed up to use the Kansas Online Automated Reporting (KOLAR) system and approximately 25 percent of the water well records filed with KDHE are done so through the KOLAR system.

Completed a project stabilizing four legacy salt caverns in Hutchinson by filling these with sand to prevent collapse, which would have destroyed a railroad's mainline tracks and would have threatened public safety.

Approximately 130 people attended an education seminar focused on well contractors, consultants, injection and storage well operations and government agencies. Topics included hydraulic fracturing, horizontal drilling, geothermal wells and coal bed methane wells.

Have worked successfully with the underground hydrocarbon storage to reduce the number of brine spills from 91 incidents in 2009 to 41 in 2011 and 16 as of October 1, 2012. This has been accomplished mainly by replacing and plastic lining of brine lines and enhanced operator training.

Provided six outreach and compliance assistance presentations to pesticide applicators statewide addressing the new EPA NPDES Pesticide Permit Program requirements.

Provided 10 outreach/training/compliance assistance presentations to industry representatives, construction contractors, and consulting engineers statewide on KDHE's new NPDES Industrial and Construction Permit requirements and expected EPA regulatory program changes.

Investigated reports of blue-green algae outbreaks at 40 lakes, collecting more than 200 samples from April thru October.

Helped EPA establish a ten-year vision for the national TMDL program to better direct TMDL development and implementation for environmental results.

BOW awarded \$2,654,702 to 29 Watershed Restoration and Protection Strategy (WRAPS) Projects and Nonpoint Source (NPS) pollution technical assistance.

The Kansas-Missouri Targeted Watershed Grant (TWG) Final report was submitted in May of 2012 and accepted by EPA in July 2012. Through the TWG project, more than 100 Best Management Practices (BMPs) addressing the identified water quality concerns were installed in the high priority areas of the Marais des Cygnes River Basin.

KDHE submitted five success stories to EPA outlining the delisting of stream segments from the 303(d) list as a result of BMP implementation to abate NPS pollution. The success stories include Eagle Creek (~72 miles) for dissolved oxygen (DO), Dragoon Creek for DO, Neosho River for bacteria, Big Creek (~63 miles) for bacteria, and Mill Creek (five segments) for fecal coliform bacteria.

A total of \$112,500 was funded for eight Clean Water Neighbor grants to mitigate NPS pollution as well as provide information and education on NPS issues throughout the state.

Approximately 40 swine producers attended swine certification training. The training focused on proper waste handling, agronomic nutrient planning, biosecurity, emergency response planning and recordkeeping.

More than 300 water and wastewater operators received training at the 93<sup>rd</sup> Annual Water and Wastewater Operators School in Lawrence.

During SFY 2012, 155 individuals representing 106 public water supplies participated in *A.M. Kan Work!* seminars. *A.M. Kan Work!* is an asset management and energy efficiency training program that helps systems of all sizes develop asset management and energy efficiency plans for their water and waste water systems. On-site planning assistance was requested by 11 utilities and 3 have started developing asset management plans for their utilities.

## Bureau of Water

### Contact Information

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[www.kdheks.gov/water](http://www.kdheks.gov/water)

# Kansas Health and Environmental Laboratories

**T**he Kansas Health and Environmental Laboratories' (KHEL) mission is to provide timely and accurate analytical information for public health in Kansas and to assure the quality of private laboratory services through a certification and improvement program. KHEL is the only public health laboratory in Kansas serving to protect the public from diseases and environmental hazards. KHEL is an integrated laboratory that analyzes both health and environmental samples. The testing provided by KHEL supports the agency's health and environmental programs through detection of diseases or environmental contaminants.

Health and environmental analytical testing are performed in accordance with rigid scientific standards. KHEL is inspected and approved by the Environmental Protection Agency (EPA) and is certified under the federal Clinical Laboratory Improvement Amendment (CLIA) of 1988.

KHEL receives approximately 54,000 environmental samples per year and reports more than 150,000 parameters for public water supplies, surface water, hazardous waste and other environmental media. KHEL analyzes around 130,000 clinical specimens per year for diseases, disorders and other public health threats. KHEL also houses a Centers for Disease Control and Prevention (CDC) reference laboratory for emergency response actions.

Information generated by KHEL is used to diagnose and prevent diseases, investigate foodborne illness, monitor public water supplies, and identify hazardous materials. Staff performs certification site visits at more than 2,000 health, environmental and evidential breath alcohol testing agencies. This enforcement and training effort ensures the quality of laboratory data which touches the lives of each Kansas citizen.

## **2012 KHEL Accomplishments**

### **Laboratory Information Management System**

During 2012, the Laboratory Information Management System (LIMS) project completed the first phase of work and received Executive Chief Information Technology Officer (CITO) approval to begin Phase II. Phase I work included implementation of the base LIMS infrastructure foundation and training the LIMS administrators. Additionally, analysis-code configuration for all eight laboratory sections and instrument-interface automation for the environment laboratory sections were completed and unit tested. This work will minimize manual data manipulation and improve data timeliness and accuracy. Upon completion of analysis-test and instrument-interface automation, work focused on the beginning and end of the each laboratory workflow: sample receiving and results reporting. Bureau representatives formed health and environmental advisory committees to ensure streamlined sample submission and results reporting. 2012 was the year to build the groundwork for a more stable and technology-advanced LIMS.

### **Image Now: Electronic Document Storage**

KHEL replaced an unsupported Docuware solution with the state-strategic ImageNow document management solution from Perceptive Software. This solution uses direct-print to automatically save all health and environment result reports in a secure, centralized ImageNow repository. This repository provides searchable access and meets CLIA requirements.

## Environmental Section

The Environmental Section has made data handling a priority. By working closely with our partners within the agency we implemented a fully automated process to schedule public water supply samples for chemistry, microbiology and radiochemistry. This eliminates the labor intensive manual process by eliminating duplication of work in two bureaus in the agency.

In July 2012, the TotalChrom Server was installed to allow for more efficient and practical data processing for nine GC instruments. This will allow the automatic transfer of data and eliminate manually typing in results. By utilizing new technology such as the TotalChrom server, we will reduce manual sample and data handling, improving the quality of data produced.

Compliance with EPA requirements is critical to achieving the goal of maintaining EPA drinking water certification as the primacy laboratory for the State. Documentation and quality assurance are critical components of certification. KHEL completed consolidation and revision of the Environmental Section Quality Assurance Plan to include chemistry, microbiology and radiochemistry components. This plan gives staff a common reference for quality assurance resulting in a unified approach to a quality system.

Proficiency testing is a critical component of quality assurance and the section participates in a proficiency testing program required by the EPA to maintain certification for analyzing drinking water. In 2012, each unit of the section successfully passed the required proficiency testing for all 16 radiological parameters, 2 microbiological parameters and 92 chemistry parameters. To further evaluate quality, the radiochemistry laboratory participates in the Mixed Analyte Performance Evaluation Program (MAPEP) through the U.S. Department of Energy. This program provides proficiency samples that mimic environmental samples and the analytes of interest.

The Radiochemistry Laboratory entered the 4<sup>th</sup> year of its participation in the EPA's pilot program of Enhancing Capabilities during a radiological incident. The Kansas unit is one of four labs nationwide (Washington, Texas, & Connecticut) selected to participate in this program. The lab has completed two method validations for the rapid analysis for Radiostrontium and Americium and started the validation process for rapid analysis of Uranium and Plutonium. These new methods will allow quicker analysis turnaround times during an emergency.

**Table 1. Number of Environmental Samples Tested at KHEL in 2012**

<b>Environmental Samples Analyzed</b>	<b>Samples Ran in 2012 Estimated for December</b>
Radiochemistry- Public Water Supplies	327
Radiochemistry- Wolf Creek	842
Radiochemistry-Misc	86
Environmental Chemistry- Public Water Supplies	10898
Environmental Chemistry-Ambient Water	2636
Environmental Chemistry- Remediation Samples	1785
Environmental Chemistry- Hazardous Waste	337
Environmental Chemistry- Air Monitoring	468
Environmental Micro	37778
<b>TOTAL</b>	<b>55157</b>

## Health Section

The neonatal laboratory analyzes 41,000 Kansas newborns for 28 genetic disorders annually. 59 infants have been diagnosed in 2012 with a genetic disorder including disorders such as cystic fibrosis, sickle cell anemia, and hypothyroidism. Unless these diseases are identified and treated early, they can cause severe illness, intellectual disability, or in some cases death. The newborn screening program secured future funding in 2012 with Senate Bill 14 setting up a Kansas Newborn Screening Fund through the state treasury. Using this sustainable funding, KHEL will continue to provide newborn screening testing to all infants born in Kansas at no charge.

Detection and tracking of diseases is an integral component to patient care. Routinely KHEL analyzes human specimens in an effort to track and prevent potentially life threatening diseases. In addition the laboratory deals with outbreak investigations that affect the health of Kansans. More than 400 people were tested for Hepatitis C virus this summer as part of an outbreak investigation. A Pertussis, or whooping cough, outbreak tripled the number of laboratory tests performed for Pertussis at KHEL. As of November, 622 people have been tested for Pertussis this year. KHEL also tests for lead levels in blood, influenza, tuberculosis, HIV and multiple other harmful bacteria and viruses. Table 2 is a breakdown of samples analyzed in the Health Section by type of test.

**Table 2. Number of Clinical Health Samples Tested at KHEL in 2012**

Health	Samples Ran in 2012 Estimated for December
Neonatal Chemistry	45,100
Blood Lead	12,260
Bacteriology and Enterics	1,150
PFGE (Food borne outbreaks)	345
Parasite	1,050
Hepatitis	4,324
TB (tuberculosis)	5,996
Rubella	2,418
Virus	1,091
Influenza	291
Pertussis	662
HIV	16,018
Syphilis	17,573
Chlamydia	22,062
Misc (VMCR)	10
<b>TOTAL</b>	<b>130,350</b>

## Quality, Preparedness and Certifications Section

The certification units within the KHEL help to ensure that the data produced in laboratories throughout the state of Kansas are operating within appropriate state, federal and industry guidelines. In 2012, 2,982 laboratories were registered, evaluated accredited and/or surveyed in support of testing being performed on behalf of Kansans. This includes both clinical and environmental testing. The clinical laboratory improvement program unit ensures the data being produced in the clinical laboratories across the state are compliant with

the standards established by the Clinical Laboratory Improvement Amendment (1988). This is accomplished through site visits and evaluations and registrations. These laboratories may include clinical testing in physician's offices, hospitals and independent testing facilities. The environmental laboratory improvement program participates in the National Environmental Laboratory Accreditation Program and evaluates and certifies environmental testing facilities including drinking water and waste water and industrial permit testing facilities which may be either private, municipal or county laboratories. Both the clinical and environmental program were reviewed in 2012 and have been approved to continue providing state oversight to the clinical and environmental laboratories for Kansas.

The Breath Alcohol Program (BAP) provides certification, testing and support for evidentiary breath alcohol testing throughout the state. In 2012, the BAP supported 232 law enforcement agencies with 251 testing instruments including annual inspections and quality monitors as well as 452 newly trained operators for a total of 4,499 active, trained operators.

The laboratory preparedness group maintained proficiency in seven core chemical preparedness methodologies as well as performed biological evaluations on unknown and performance evaluation samples according to national guidelines. The preparedness group also maintains a CDC reference laboratory as part of these programs. These programs help to ensure that the laboratory methodologies and facilities are accurate and up to date in order to respond to natural events or accidents that may expose Kansans to chemical or biological agents.

## **Kansas Health & Environmental Laboratories**

### **Contact Information**

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# Division of Health Care Finance

**T**he mission of the Division of Health Care Finance is to develop and maintain a coordinated health policy agenda that combines effective purchasing and administration of health care with health promotion oriented public health strategies. The powers, duties and functions of the Division are intended to be exercised to improve the health of the people of Kansas by increasing the quality, efficiency and effectiveness of health services and public health programs.

## **Division of Health Care Finance is responsible for:**

Purchasing health services for children, pregnant women, people with disabilities, the aged and the elderly through the Medicaid program, the Children's Health Insurance Program (CHIP), and the state-funded MediKan program.

Providing benefits for persons qualified to participate in the program for hospitalization, medical services, surgical services, non-medical remedial care and treatment rendered in accordance with a religious method of healing and other health services.

Give high quality medical care, prompt disability and death benefits, return to work options and customer service to state employees covered under the Kansas Workers Compensation Act.

Supplying administrative support and financial services to all of DHCF's program areas.

Computing the fiscal impact of proposed policies, forecasting caseloads, providing analytical support to program managers and program reviews and responding to ad hoc analytical requests related to the Medical Management Information System (MMIS) from stakeholders within and outside of DHCF.

Overseeing numerous programs and activities which spend Medicaid funds and are managed by other State agencies to ensure adherence to State and federal regulations.

Managing the Medicaid State Plan and processing regulations. Staff members track and evaluate legislative activities which might have an impact on the activities of DHCF, both at the state and federal levels.

## Kansas Medicaid

**K**ansas' Medicaid program is responsible for purchasing health services for children, pregnant women, people with disabilities and the elderly through the Medicaid program, the Children's Health Insurance Program (CHIP), and the state-funded MediKan program. In State Fiscal Year 2012, an average of 385,000 Kansas were enrolled in these programs each month. Medicaid is a federal-state program providing health and long-term care services to people with low incomes. All states currently participate in the Medicaid program and federal matching funds are available for the costs of these services. DHCF is directly responsible for the purchase of health care services funded through the Medicaid program, while the Kansas Department for Aging and Disability Services (KDADS) is responsible for administering long-term care services and behavioral health services.

On Jan. 1, 2013, the State of Kansas launched a new Medicaid program called KanCare. During the two years prior to KanCare being implemented, Kansas Medicaid staff administered the pre-KanCare Medicaid program while also carrying out readiness activities associated with the future delivery system. In June 2012, Kansas contracted with three health plans, or managed care organizations (MCOs), to coordinate health care for nearly all Kansas Medicaid beneficiaries. The KanCare health plans are Amerigroup of Kansas, Inc. (Amerigroup), Sunflower State Health Plan (Sunflower), and UnitedHealthcare Community Plan of Kansas (United). See page 8 in this annual report for more on KanCare and the state's Medicaid reform.

Nearly all health care services purchased by DHCF are financed through a combination of state and federal matching dollars either through Title XIX (Medicaid) or Title XXI (the Children's Health Insurance Program, or CHIP) of the Social Security Act. Under Title XIX, the federal government provides approximately 57 percent of the cost of Medicaid services in 2012 with no upper limit on what the federal government will reimburse the State. The State provided the remaining 43 percent of the cost of Medicaid services. Under Title XXI, the Federal government provides approximately 70 percent of the cost up to a maximum allotment, and the State provides the remaining 30 percent and any excess spent above the federal allotment. Unlike Medicaid, CHIP is not open-ended; states are awarded yearly allotments. In 2012, health care services were purchased through both traditional managed care and models fee-for-service models.

CHIP provides health care coverage for low-income children living in families with incomes that exceed Medicaid limits. Kansas provides low-cost health insurance coverage to children who are under the age of 19, do not qualify for Medicaid, have family incomes under the 232 percent of the federal poverty level and are not eligible for state employee health insurance and are not covered by private health insurance. During 2012, CHIP was provided in a managed care model known as HealthWave. The State paid two managed care organizations (MCOs) each a monthly payment for HealthWave beneficiaries. The MCOs contracted with providers and paid them for services. The contracts between the State and the two HealthWave MCOs ended Dec. 31, 2012, ahead of KanCare, which now involves contracts with three different MCOs for the entire Medicaid program, as well as CHIP.

The MediKan health program covers adults with disabilities who do not qualify for Medicaid, but are eligible for services under the State's General Assistance program. MediKan provides limited benefits to adults whose applications for federal disability are being reviewed by the Social Security Administration. Health benefits include the provision of medical care in acute situations and during catastrophic illness. Overall, the scope of services covered by MediKan is similar to that covered by Medicaid, but a number of restrictions and limitations apply.

**Medicaid Operations**, in 2012, administered the operational components of the Medicaid and HealthWave programs. This section was responsible for the procurement, management and oversight of all contracts that included Medicaid and CHIP funding. The Operations section oversaw more than 150 contracts valued in excess of \$500 million, and was responsible for program integrity and the management of third-party liability collections from primary insurance carriers and Medicare. Units within the Operations section include: Business Analysis, Testing and Claims Management; Project Management and Business Coordination; and Contracts and Fiscal Operations.

The Director of Operations also oversaw the Payment Policy Development and Implementation unit. This unit established reimbursement rates and upper payment limits, established diagnosis-related groups (DRGs) for Medicaid inpatient services and established capitation rates for Medicaid and CHIP managed care. The unit also conducted reviews of cost reports and financial data to determine appropriate payments for providers eligible for cost-based reimbursement, such as Federally Qualified Health Centers.

Operations also oversees the Eligibility Clearinghouse. Clearinghouse staff completed all Medicaid eligibility determinations received at the HealthWave clearinghouse and monitored the performance of the contract eligibility determination staff.

**Eligibility Policy** unit oversaw all program, policy, training and outreach activities related to beneficiaries and their enrollment into the program. This unit interpreted federal and state laws and regulations, issued eligibility policies, coordinated issues related to the customer experience and actively worked with community partners to develop strategies for enrolling eligible beneficiaries. The unit worked to develop a statewide training strategy for eligibility workers in Department for Children and Families and KDHE and other community partners who assist with application preparation.

The Presumptive Medical Disability Team (PMDT) examined disability claims for individuals seeking medical coverage who have not yet been determined eligible by the Social Security Administration.

The Working Healthy unit managed the Working Healthy program, including education, policy, outreach and program promotion, facilitation of enrollment, and premium oversight. The team also managed a Working Healthy supplement personal assistance program called Work Opportunities Reward Kansans (WORK). This unit administered a federal grant that works to encourage, support and sustain employment of people with disabilities.

Eligibility staff are also engaged, in partnership with the Department for Children and Families, in the development and implementation of the Kansas Eligibility Enforcement System (KEES). KEES met significant implementation deadlines in 2012 as it moves toward full implementation in the fall of 2013.

**Strategic Purchasing** section oversees health care purchasing and delivery for two primary Medicaid population groups: low income families and the aged, blind and disabled. DHCF purchases health care through three product lines: capitated managed care, Primary Care Case Management and fee-for-service. The Strategic Purchasing section is responsible for writing, procuring, and managing the contracts with our managed care organizations and monitors the delivery of care through Medicaid fee-for-service and the PCCM program- HealthConnect Kansas (HCK). The Strategic Purchasing Unit also monitors utilization trends for the beneficiary populations and develops policy solutions and quality improvements.

The PLE (poverty level eligible populations) team oversees the HealthWave managed care contracts and ensures high-quality care is delivered to beneficiaries through interactions with KDHE's external quality review organization (EQRO). In addition to oversight of the HealthWave programs, the PLE team is responsible for services delivered in the dental, family planning, non-emergency transportation, HealthConnect Kansas, PACE and KanBe Healthy Programs.

The ABD (aged, blind and disabled populations) team manages the fee-for-service programs for all ABD Medicaid beneficiaries. This includes managing the home health, hospice, therapies, audiology, durable

medical equipment, vision and other services programs for this population.

The Pharmacy team is responsible for directing the Medicaid fee-for-service pharmacy program. This includes coordinating coverage for beneficiaries, overseeing the drug utilization review and preferred drug list processes, and managing the drug rebate programs.

The System Reform Initiatives team examines the Medicaid and HealthWave programs and seeks opportunities for reform and improvement. This is accomplished through research, analysis, examination of programs and initiatives in other states, and identification of best practices and cost-effective policies.

## **2012 Medicaid Accomplishments**

After having developed the KanCare Request for Proposal in 2011, Kansas Medicaid staff members in early 2012 reviewed bids submitted by five managed care organizations to provide almost all Medicaid and then-HealthWave services through a managed care delivery model.

Three managed care organizations (MCOs) were selected to provide integrated, coordinated care across the health care spectrum for almost all Medicaid populations and almost all Medicaid services starting January 1, 2013.

DHCF's Medicaid program continued reasonable pricing requirements for durable medical equipment, and the program continued a diabetes management initiative for home health workers. It also continued policies for planning the State Medicaid Health Information Technology Plan.

Throughout KanCare readiness activities, the Medicaid staff continued a formal process to get input from the American Indian/Alaskan Native (AI/AN) populations. Created a standing committee, the Tribal Technical Advisory Group, to provide continuous communication between AI/AN nations and the State of Kansas.

The Kansas Eligibility Enforcement System (KEES) Phase I design was completed for the July 2012 go-live for online medical assistance applications.

The Medicaid and HealthWave programs continued the implementation plan to switch from the ICD9 to the new ICD10 coding system. DHCF is on target for the implementation of the new coding system in 2014.

## **Medicaid/ KanCare**

### **Contact Information**

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# State Employee Health Benefits Program

The State Employee Health Benefits Program (SEHBP) administers the State Employee Health Plan (SEHP) and the State Self Insurance Fund (SSIF). The SEHP is administered on behalf of the Health Care Commission (HCC) to provide benefits for persons qualified to participate in the program for hospitalization, medical services, surgical services, non-medical remedial care and treatment rendered in accordance with a religious method of healing and other health services. The mission of the SSIF is to provide high quality medical care, prompt disability and death benefits, return-to-work options and customer service to state employees covered under the Kansas Workers Compensation Act.

## State Employee Health Plan

The State Employees Health Care Commission (HCC) is responsible for all decisions regarding the health plans offered to state employees. The statute provides for the HCC to have an Employee Advisory Committee, which was implemented in 1995 and consists of 21 members: 18 active employees and three retirees serving three-year rolling terms. The Advisory Committee meets quarterly and provides input to staff and the HCC on the health plan.

Covered members in the SEHP include state employees and their dependents and Direct Bill members, which include retired and disabled state employees and their dependents, people on leave without pay, former elected officials, and blind vending facility operators. Over the years, the eligibility to participate in the SEHP has been expanded to include certain non-state public employers and retirees. In 1999, the HCC established administrative procedures and eligibility requirements (K.A.R. 108-1-3) to allow “non-state” educational groups, including unified school districts, community colleges, technical colleges and vocational technical schools, into the state plan. Beginning in 2000, the HCC established administrative procedures and eligibility requirements (K.A.R. 108-1-4) to allow for inclusion of public employers, including cities, counties, townships, libraries, public hospitals, extension councils and certain other public entities.

Open enrollment for active participants is held every year throughout the month of October. State employees enrolled online during October 2012 for their Plan Year (PY) 2013 benefits. This was the second year that non-state employees also were able to enroll online in a new web portal. Future enhancements expected during PY 2013 include a web portal allowing SEHP to enroll new groups online and allow non-state groups to update their employees’ eligibility online as well. This change will reduce the need for staff to process and enter paper enrollment forms going forward.

**Medical Plans:** For Plan Year 2012, three health plan design options were available to active employees. All of these plans are Preferred Provider Organization (PPO) plans and all are self-funded. These health plan designs are referred to as Plans A, B, and C. For PY 2012, members had the choice of three (3) vendors offering Plans A, B and C : Blue Cross and Blue Shield of Kansas, Coventry Health Care of Kansas/Preferred Health Systems (PHS) and UnitedHealthcare.

For PY 2013, Plans A, B and C will again be offered and all plans will be administered for the HCC by Blue Cross and Blue Shield of Kansas, Coventry/PHS and UnitedHealthcare. Current benefit information and the health plan comparison chart are located on the Web at: <http://www.kdheks.gov/hcf/sehp/default.htm>.



Direct Bill members who are not yet eligible for Medicare coverage may participate in the same medical plans as active employees. For those Direct Bill members where Medicare is the primary payer of claims, supplemental insurance options are available. For Plan Year 2013, the SEHP offers a Medicare Supplemental Plan C program called Kansas Senior Plan C insured by Blue Cross and Blue Shield of Kansas. This program is available with a Medicare Part D prescription drug plan negotiated by the SEHP and insured by SilverScript or without prescription drug coverage so the member may purchase Medicare Part D prescription drug coverage from the open market. In addition to the Medicare Supplemental plan, the State offers a Medicare Advantage Plan available from Coventry Health Care of Kansas. The Medicare Advantage plan is available with either the Coventry Medicare Part D prescription drug coverage or SilverScript Part D plan. Current benefit information and health plan comparison charts for Direct Bill members are located online at: <http://www.kdheks.gov/hcf/sehp/Vendors.htm>.

The **Dental Plan Program** is self-insured and administered by Delta Dental of Kansas. Dental coverage is available to employees and Direct Bill members and their dependents enrolled in the SEHP.

The **Prescription Drug Program** for all members participating in Plan A and Plan B medical coverage are automatically enrolled in the SEHP standard coinsurance prescription drug coverage administered by Caremark. Plan C has a separate drug plan administered by Caremark. For Plan C, prescription drugs and medical benefits are integrated and subject to the plan's overall deductible, and coinsurance requirements. On Plan C for PY 2012, after the member had satisfied the deductible, prescription drugs were subject to a coinsurance for each thirty day supply. Beginning with PY 2013, until the member reaches the deductible, the member pays 100 percent of the discounted cost for the prescription. Once the annual deductible is reached, covered prescriptions are paid in full by the plan when a network pharmacy is used.

**Preferred Laboratory Vendors:** For PY 2012, Plans A and B offered a preferred lab benefit. Quest Diagnostics continues to offer the statewide preferred lab benefit and Stormont Vail Healthcare was added as a new regional preferred lab service provider. With the preferred lab benefit, when services are performed and billed by a Quest Lab facility or Stormont Vail Healthcare facility, claims are reimbursed at 100 percent of the negotiated discount rate and the member has no out-of-pocket expense for covered lab services. For PY 2013, the preferred lab benefit on Plans A and B with Quest and Stormont Vail HealthCare will be continued. The SEHP offers two insured **Voluntary Vision Plan Programs** through Superior Vision. Vision insurance is entirely employee-paid coverage. Members can enroll in the Basic or Enhanced plan. Members have access to Optometrist, Ophthalmologists, Chain stores and Mail order contact lenses options. With the addition of the discount chain stores, access has increased for members who live in a rural area.

The SEHP offers a **Voluntary Group Long Term Care Insurance Program** through Genworth Life Insurance Company. The program is offered to State of Kansas benefits eligible active employees, retired employees and their family members. The long term care insurance is entirely employee-paid coverage and is not available through payroll deduction.

### Section 125 Plan

**Pre-Tax Premium Option:** The State implemented a Section 125 plan in July 1986. Employees have the option to have their health care premiums deducted from their paycheck using a pre-tax option. This pre-tax deduction reduces the employee's taxable income and reduces the amount of FICA tax owed by the State. Over 90 percent of active participants with group health insurance participate in this option.

**Flexible Spending Accounts (FSAs):** The Health Care Flexible Spending Account (HCFSA) and Dependent Care Flexible Spending Account (DCFSA) were effective February 1, 1991. The Cafeteria Benefits Plan is managed by a third party administrator, Applications Software, Inc. (ASI). A limited scope Flexible Spending Account (FSA) was available for those enrolled in Plan C beginning with PY 2011. FSAs reduce the employee's taxable income and also reduce the amount of FICA tax owed by the State.



**Premium Billing Administration:** The premium billing administrative services are provided for the non state public employers and direct bill programs offered through the State Employee Health Plan. The administrator provides invoices to the members, collects premiums and remits premiums back to the State. The health plan contracts with a third-party administrator for administration of the **COBRA Administration Program** for COBRA continuation benefits, premium collection, annual COBRA open enrollment administration, record keeping, and the administrative and accounting responsibilities added by the American Recovery and Reinvestment Act (ARRA). Senate Substitute for House Bill number 2160, which passed during the 2010 legislative session, required the SEHP to offer an **Autism Spectrum Disorder Pilot Program**. The prescribed coverage was added for PY 2011. A report to the legislature on the utilization of this benefit was provided by March 1, 2012, as required by the bill. The Health Care Commission elected to continue the Pilot Program during PY 2012, so additional data could be obtain for this benefit.

### **SEHP HealthQuest Wellness Program**

The goal of the SEHP's HealthQuest wellness program continues to be improving the health of members and decreasing overall health costs. The non-tobacco user discount instituted in 2009 continues to be offered to all employees for PY 2012. Those using tobacco cessation products are offered an opportunity to participate in a tobacco cessation program in order to receive a \$40 per month premium incentive discount. Beginning with PY 2013, the tobacco discount program was replaced by the HealthQuest Rewards Program. The new rewards program encompasses a wide variety of health improvement programs. The SEHP wants to engage a broader number of employees in the discussion about their health and wellness. Improving the health of SEHP members will help to reduce the number and severity of claims and will save the plan and employees money in the long term. As with the current tobacco discount program, participation in the new rewards program is optional. Employees who elect not to participate in the rewards program will still be eligible for coverage under the SEHP at the standard or base premium rate.

From October 1, 2011, through July 31, 2012, employees enrolled in the SEHP had an opportunity to earn credits by participating in wellness activities. Ten credits were earned by completing the online health assessment. Employees could then elect from a wide variety of online, telephonic and in-person programs to earn credits. Those who complete the online health assessment and earned at least 10 additional credits by July 31, 2012, received a health insurance premium incentive discount of \$40 per month toward their PY 2013 premium. There was a program completion rate of 76% for the active state employees. The new program year started August 1, 2012 and runs through July 31, 2013. Employees that complete the health assessment and earn 20 additional credits will earn the premium incentive discount of \$40 per month toward their 2014 health plan premium.

The HealthQuest wellness program also offers members access to a 24-hour-a-day nurse line for health questions. Health coaches are available to provide information and support to help members manage their health. Condition management coaching programs are offered to those who have been diagnosed with or receive treatment for asthma, chronic obstructive pulmonary disease (COPD), coronary artery disease, diabetes and heart failure. Participants receive guidance and encouragement to support their doctor's plan of care from a specially trained team including nurses, health educators and dieticians.

### **State Self Insurance Fund**

The Workers' Compensation Program for state employees is called the State Self Insurance Fund (SSIF). It is a self-insured, self-administered program. The SSIF is funded by agency rates based on experience rating. The rates are developed by an actuarial service using claims experience, payroll history and caps on expenses. Rates are currently approved by the Department of Administration and published by the Division of

the Budget. The SSIF manages and processes claims for injuries that arise out of and in the course of employment. Medical compensation to treat the employee's injury does not have a cap. Medical payments to providers are based on a fee schedule developed by the Workers' Compensation Division of the Kansas Department of Labor. Additionally, compensation is paid for loss of time, permanent impairment or death. A medical review service is utilized to review claims for medical appropriateness, nurse case management on complex cases and pricing.

## **2012 SEHBP Accomplishments**

The HCC approved a redesign of Plan C to increase the enrollment for PY2013. The employer contribution increased to \$1,500 for a member-only enrollment and \$2,250 for a member-plus at least one dependent enrollment. The enrollment increased from just over 900 contracts currently to almost 5,000 for PY 2013, a 428 percent increase in enrollment.

State Self Insurance Program audit & evaluation was a follow-up to an audit & evaluation that was performed in 2007. The program was evaluated on an industry 12 best practices and, compared to 2007, the program showed improvement in all 12 categories. Results from the this audit indicate significant improvement with the best practices implemented in areas of investigation, timeliness of payments, subrogation/recoveries, medical cost containment, communication, litigation management and adherence to special claim handling instructions with an exceeds rating in five categories.

Improved health and wellness awareness of state employees by introducing the "HealthQuest Rewards Program". The State Employee Health Plan implemented this program to increase employee awareness of their own health through participation in a health risk assessment and engagement in wellness activities designed to encourage healthy habits and lifestyles. Emphasis is placed on tobacco cessation, promoting healthy lifestyle choices, reducing obesity and management of chronic health conditions such as diabetes, high blood pressure, heart disease and asthma. The first year of the program had a 76 percent participation rate for active state employees.

The SEHP engaged in a complete dependent eligibility audit to ensure all dependents currently enrolled in the SEHP meet the eligibility requirements under the SEHP. One of the goals was to ensure appropriate use of taxpayer funds that support the SEHP by allowing only those entitled to coverage to be enrolled. A comprehensive review of policies and procedures for eligibility and enrollment of employees and their dependents in the SEHP was completed.

## **State Employee Health Benefits Program**

### **Contact Information**

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## Projections and Informatics

**T**he **Projections and Informatics** section of DHCF provides administrative support and financial services to all DHCF program areas. This section is responsible for computing the fiscal impact of proposed policies, forecasting caseloads, providing analytical support to program managers and program reviews and responding to ad hoc analytical requests related to the Medical Management Information Systems (MMIS) from stakeholders within and outside of DHCF. The Projections and Informatics section provides oversight to numerous programs and activities which spend Medicaid funds and are managed by other State agencies to ensure adherence to State and federal regulations. This section also manages the Medicaid State Plan and processes regulations. Staff members track and evaluate legislative activities which might have an impact on the activities of DHCF. In addition, the section oversees the policy implementation process and evaluates outcomes post-implementation.

Projections and Informatics also is responsible for the accurate and timely reporting of expenditures and revenues to the federal government and managing cash awards that support the Medicaid program. Within the regulatory compliance function, Projections and Informatics also conducts the Medicaid Eligibility Quality Control project for Kansas Medicaid and CHIP. Medicaid Eligibility Quality Control (MEQC) reviews DHCF and Department of Children and Families compliance with regulations and policy governing eligibility for Medicaid benefits and how eligibility determinations are made. MEQC also is responsible for oversight of the federally mandated Payment Error Rate Measurement (PERM) project to calculate an aggregate rate of payment errors based on the accuracy of eligibility determinations and claims processing.

Four units comprise the Projections and Informatics section:

**Medicaid Eligibility Quality Control** (MEQC) unit is monitored by the Centers for Medicare and Medicaid Services (CMS). MEQC conducts focused Medicaid eligibility reviews based upon an annual project proposal approved by CMS. MEQC is also responsible for oversight of the federally mandated Payment Error Rate Measurement (PERM) project to calculate an aggregate rate of payment errors based on the accuracy of eligibility determinations and claims processing for both Medicaid and the Children's Health Insurance Program (CHIP).

**Medicaid Policy, Coordination and Projection Unit** (PCPU) is responsible for computing the fiscal impact of proposed policies, forecasting caseloads, providing analytical support to program managers and program reviews and responding to ad hoc analytical requests related to the MMIS from stakeholders within and outside of DHCF. The PCPU provides oversight to numerous programs and activities which spend Medicaid funds and are managed by other State agencies to ensure adherence to State and federal regulations. This unit also manages the Medicaid State Plan and processes regulations. The unit tracks and evaluates legislative activities which might have an impact on the activities of DHCF, both at the state and federal levels. In addition, the unit oversees the policy implementation process and evaluates outcomes post implementation.

**Medicaid Payment and Federal Reporting** team is charged with fiscal management and accurate financial reporting for DHCF's programs. Key finance activities include: managing the budget submission and adjustment processes; accurately reporting expenditures and revenues to the federal government; prudently managing cash balances and managing receipts and receivables. This team also manages all payables processing, including reconciliation of contractor pay tapes for provider payments, managing contract encumbrances and developing management reports to guide decision making.

**Employee Health Plan Design and Fiscal Management** unit serves different areas of DHCF including worker's compensation, the State Employee Health Benefit Plan and Medicaid. The unit provides estimates

for plan changes, external agency calculations and projections, including draft calculations for fiscal requests. They also provide reports on membership and expenditures. The Employee Health Plan Design team serves as a liaison for Department for Children and Families, Department for Aging and Disability Services, the Juvenile Justice Authority and KDHE in coordinating financial data for the Medicaid expenditures. The team is responsible for maintaining data and disseminating information to external and internal parties for the state employee and worker's compensation groups.

### **2012 DHCF Projections & Informatics Accomplishments**

The Policy Coordination and Projection team developed a line-item budget projection tool that allows DHCF to project Medicaid expenditures out five years. The tool takes policy changes into account for services and populations and applies the changes proportionately to the budget so that we can see what impact our decisions make on overall spending.

The Medicaid Eligibility Quality Control (MEQC) team finalized the results of the FY 2010 MEQC eligibility project which reviewed both DHCF and DCF compliance with regulations and policy governing the eligibility determination for Medicaid benefits.

The MEQC team began the FY 2011 MEQC project to assess the impact of the DHCF streamlined verification process which included self-declaration on the accuracy and timeliness of the eligibility determination, third party liability identification and program integrity.

During the FY 2011 MEQC project, MEQC assisted DHCF in identifying deficiencies in agency processes, high risk areas for inaccurate consumer reporting, and provided recommendations to assist with error prevention.

MEQC began the FY 2012 MEQC annual project which focuses on state compliance with regulations and policy governing the eligibility for the Qualified Medicare Beneficiary program (QMB).

MEQC also began the FY 2012 Payment Error Rate Measurement process which will establish a National Error Rate for the state of Kansas.

The Employee Health Plan Design team developed 10-year projections scenarios to help the Health Care Commission create plan design changes. This unit also conducted analysis which resulted in a filing with the federal government's ERRP program for \$2.7 million.

Employee Health Plan Design also worked with an outside vendor to build a portal for capturing non-state employee enrollments.

## **Projections and Informatics**

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## **Our Vision**

Healthy Kansans living in safe and sustainable environments

## **Our Mission**

To protect and improve the health and environment of all Kansans

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